



Maine medical provider roster billing for COVID-19 vaccine administration instructions

Aetna® established a roster billing process for COVID-19 vaccine administration to support Maine Emergency Medical Services (EMS), health systems, hospitals and other partners for high-throughput community vaccinations.

We encourage any provider that has an established electronic data interchange (EDI) process or Health Care Financing Administration (HCFA) 1500 paper claim billing process to continue these forms of billing versus a roster billing submission.

Medical provider roster billing submission requirements

- This process is applicable to EMS and other medical providers except for hospital facilities.
- For the administration of the COVID-19 vaccine, Aetna will only accept the medical roster billing in a defined fixed format excel sheet (i.e. .xlsx or .xls).
- The roster billing submission must only list and contain Aetna eligible members.
- The roster billing submission must list and contain five or more Aetna eligible claim transactions.

Reasons for rejecting a submitted roster billing

Roster billing submissions created in other formats that are not the defined excel sheet will be rejected.

- Do not send other formats such as PDF, Word, CSV, JPG, etc.
- Do not print and mail in a paper format.
- Do not fax.

Roster billing submissions created in an excel sheet format that are 'password protected' will be rejected.

Roster billing submissions that are not in the defined fixed excel sheet format will be rejected.

- Do not reorder, rearrange, change the sequence or rename columns or data cells.

Roster billing submissions for services unrelated to the administration of the COVID-19 vaccine will be rejected.



How and when to submit the roster billing

- How: email your completed roster billing excel sheet as an email attachment to:
Medical-HospitalRosterBillingIntake@AETNA.com
- When: effective **April 1, 2021** you may begin to submit your roster billing excel sheet. We strongly discourage submissions prior to April 1, 2021.
- Frequency: preference is one time on a weekly basis.

Other health communications

Should you require assistance or have any questions regarding the roster billing process or a specific roster billing submission, please contact Provider Services at **1-888-632-3862**.

Note: questions or inquiries sent to the intake email address Medical-HospitalRosterBillingIntake@AETNA.com will not be acknowledged or responded to.

Medical provider roster billing for mass immunizations

Tips and instructions for completing the “MISC MEDICAL” roster billing excel sheet:

- Create and save a master excel sheet that has all defined fields above row 8 completed, leaving rows 9 and below blank.
- Use the master excel sheet to complete rows 9 and below and perform a ‘save as’ assigning another unique name for each daily/weekly sheet for your email submission.

E-Mail your completed roster billing excel sheet as an e-mail attachment to Medical-HospitalRosterBillingIntake@AETNA.com

MISC MEDICAL

| Header Information - information which is consistent for this | | | | PROVIDER INFORMATION | | | | Tax ID #: | | Contact | | | | | | | |
|--|-------------------------|------|-------|----------------------|------|---------------|-----|----------------------------------|----------------------|---------------------------|----------------------------|----------------|---------------|-------------------|--|--|--|
| This Roster Bill Must Contain Information for only One Insurer | | | | Provider Name: | | City: | | State: | | Zip: | | Name : | | | | | |
| Aetna | | | | Address | | Address 2 | | Billing NPI: | | Phone: | | Email : | | | | | |
| Assignment: A (Assigned/Accepted) | | | | Diagnosis: Z23 | | Vaccine Code: | | | | | | | | | | | |
| PATIENT NAME | | | | | | | | | | | | | | Claim Detail | | | |
| # | Health Plan Member ID # | Last | First | Address: | City | State | Zip | Patient Date of Birth (MMDDYYYY) | Patient Relationship | Diagnosis Code (required) | Date of Service (MMDDYYYY) | Procedure Code | Billed Charge | Signature On File | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |

The header of “MISC MEDICAL” and row 2 cells A-D attest to the Header Information - information which is consistent for this entire listing, services are provided by recognized and licensed provider.

Row 3 cells A-D advises: This Roster Bill Must Contain Information for only One Insurer, as such Row 4 cells A-D are defined for Aetna use only.

Provider Information

Enter the provider billing information

Tax ID #: row 2 cell J, be sure the field format is text. Enter the assigned 9-numeric billing provider tax ID number. Delimiters such as dash, slash or spaces are not required.



Provider Information - continued

Provider name: row 3 cell F, enter the billing provider name.

Address: row 4 cell F, enter the billing provider address.

Address 2: row 5 cell F, may be used to provide suite numbers, etc. that are not included in the provider address row 4, cell F listed above.

City: row 3 cell J, enter the billing provider city name.

State: row 4 cell J, enter the 2-digit alpha USPS billing provider state code.

ZIP: row 4 cell L, be sure the field format is text. Enter the 5-numeric USPS ZIP code.

NPI: row 6 cell J, enter the 10-numeric National Provider Identifier (NPI) assigned to the billing provider (9-numeric NPI & check digit format).

Contact: enter the billing provider contact information

Name: row 3 cell N, enter the billing provider contact first and last name.

Phone: row 4 cell N, be sure the field format is text. Enter the billing provider contact 10-numeric area code and phone number. Delimiters such as dash, slash, spaces or () are not required.

Email: row 5 cell N, enter the billing provider contact email address.

Assignment: row 5 cell B is defaulted to “A (Assigned/Accepted)”. This signifies that the plan benefit payment is assigned to the billing provider for all completed and eligible patient lines on the roster.

Diagnosis: row 6 cell B is defaulted to ICD10 diagnosis code “Z23 (administration of a vaccine)”.

Vaccine: enter the appropriate vaccine CPT4 code in row 6 cell D.

| Code | CPT short descriptor | Labeler name |
|--------|------------------------------|--------------|
| 91300 | SARSCOV2 VAC 30MCG/0.3ML IM | Pfizer |
| 91301 | SARSCOV2 VAC 100MCG/0.5ML IM | Moderna |
| 91302* | SARSCOV2 VAC 5X1010VP/.5MLIM | AstraZeneca |
| 91303 | SARSCOV2 VAC AD26 .5ML IM | Janssen |

*Effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration.



Patient information and claim detail

Enter the patient information and claim detail beginning on row 9 left to right.

All data cell information must be completed for the patient information and claim detail lines.

Do Not use indicators such as “ , ^, or phrases such as ‘ Same’, ‘As Above’, etc.

The Aetna roster accommodates up to 1000 patient information and claim data lines.

Health plan member ID #: beginning on row 9 cell B, enter the Aetna assigned patient ID number as it appears on the Aetna issued ID card. Delimiters such as dash, slash or spaces are not required.

Last: beginning on row 9 cell C, enter the patient last name as it appears on the Aetna issued ID card.

First: beginning on row 9 cell D, enter the patient first name as it appears on the Aetna issued ID card.

Address: beginning on row 9 cell E, enter the patients address.

City: beginning on row 9 cell F, enter the patients city name.

State: beginning on row 9 cell G, enter the patients 2-digit alpha USPS patient state code.

ZIP: beginning on row 9 cell H, be sure the field format is text. Enter the patients 5-numeric USPS ZIP code.

Patient date of birth (MMDDYYYY): beginning on row 9 cell I, enter the patient date of birth using the format of MM/DD/CCYY. **Note:** cell I is set to convert to an 8-numeric format (i.e., 12/10/1933 converts and displays as 12101933).

Patient relationship: beginning on row 9 cell J, enter the patient relationship using one of the following:

- Self
- Spouse
- Child/Dependent
- Other

Diagnosis code (required): beginning on row 9 cell K, enter the ICD10 Diagnosis code of “Z23 (administration of a vaccine)”. Must match row 6 cell B.

Date of service (MMDDYYYY): beginning on row 9 cell L, enter the date of service using the format of MM/DD/CCYY. **Note:** cell L is set to convert to an 8-numeric format (i.e., 03/15/2021 converts and displays as 03152021).



Patient information and claim detail- continued

Procedure code: beginning on row 9 cell M, enter the appropriate vaccine administration procedure code using one of the following:

| Code | CPT short descriptor | Labeler name | Vaccine/procedure name |
|--------|---------------------------------|--------------|---|
| 0001A | ADM SARSCOV2 30MCG/0.3ML 1ST | Pfizer | Pfizer-Biontech Covid-19 Vaccine Administration – First Dose |
| 0002A | ADM SARSCOV2 30MCG/0.3ML 2ND | Pfizer | Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose |
| 0011A | ADM SARSCOV2 100MCG/0.5ML1ST | Moderna | Moderna Covid-19 Vaccine Administration – First Dose |
| 0012A | ADM SARSCOV2 100MCG/0.5ML2ND | Moderna | Moderna Covid-19 Vaccine Administration – Second Dose |
| 0021A* | ADM SARSCOV2 5X1010VP/.5ML 1 | AstraZeneca | (AstraZeneca Admin) DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) 1st dose |
| 0022A* | ADM SARSCOV2 5X1010VP/.5ML 2 | AstraZeneca | (AstraZeneca Admin) DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) 2nd dose |
| 0031A | ADM SARSCOV2 VAC AD26 .5ML | Janssen | Janssen Covid-19 Vaccine Administration – Single dose |

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Billed charge: beginning on row 9 cell N, enter the amount charged for the administration of the vaccine in a delimited dollars and format (i.e., \$16.94).

Signature on file: beginning on row 9 cell O, if yes, enter lower case alpha of ' a '. Note: cell O converts the lower case alpha of ' a ' and displays a check mark.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).