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**1. What’s New**

The definition of “Up To Date” definition now includes a 2nd booster

People ages 5 years and older are “up to date” with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible.

- On May 20, 2022, CDC strengthened its second booster recommendations. People ages 50 years and older and people who are moderately or severely immunocompromised should get a second booster dose to be up to date.
- People ages 18 through 49 years who received a Janssen COVID-19 vaccine for both their primary and booster dose may get a second booster dose of either Pfizer-BioNTech or Moderna COVID-19 vaccine, but the second booster dose is not required to be considered up to date.

**Reminder: Upcoming VRBPAC Dates**

- **June 8, 21, and 22:** updates to the Moderna and Pfizer-BioNTech EUAs for COVID-19 vaccines for younger populations.
- **June 14:** EUA request for COVID-19 vaccines for people 6 years through 17 years of age.
- **June 15:** Vaccines for children 6 months through 4 years of age and Pfizer BioNTech EUA request for COVID-19 vaccine for children 6 months through 4 years of age, based on completion of an EUA submission.
- **June 28:** Whether the SARS-CoV-2 strain composition of COVID-19 vaccines should be modified, and if so, which strain(s) should be selected for Fall 2022. This meeting is a follow-up to the April 6th VRBPAC meeting where general considerations for future COVID-19 vaccine booster doses and the strain composition of COVID-19 vaccines to further meet public health needs were discussed.

**Updated Resources:**

- [Paxlovid Patient Eligibility Screening Checklist for Prescribers](#)
- [CDC’s new COVID-19 booster guidance for people ages 5 years and older](#)
- [COVID-19 vaccination schedule for people who are not moderately or severely immunocompromised](#)
- [COVID-19 vaccination schedule for people who are moderately or severely immunocompromised](#)
2. Getting Started

Welcome to the NCDHHS COVID-19 Provider Guidance!

The links and information below will help you find information related to COVID-19 vaccine administration and product logistics.

For patient-facing resources like the ones linked throughout this document, please see:
- [DHHS COVID-19 Communications Toolkit](#)
- [CDC Vaccine Recipient Information](#)

For the most up-to-date COVID-19 related information from NCDHHS, we invite you to attend the weekly Provider Webinar at 12:30 PM EST. [Click here to access and save the link](#) or use Meeting ID: 161 406 4331; Passcode 906994.

3. Guiding Principles

North Carolina’s COVID-19 Vaccine Plan is guided by a set of core principles rooted in equity, inclusivity, transparency, data-driven decision-making, and responsibility.
Equity
All North Carolinians have equitable access to vaccines based on risk of exposure and risk of severe illness.

NCDHHS has a specific focus on building trust with historically marginalized populations (HMP). Longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines. We hope you will join us in partnering with trusted leaders and organizations to provide accurate information about the vaccine.

Inclusivity
Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners, and draws upon the experience and expertise of leaders from historically marginalized populations.

Coordination is facilitated by state and local entities to ensure all priority populations can be reached. Vaccine and health care providers have a responsibility to take intentional action to reach and engage historically marginalized communities.

Transparency
Transparent, accurate, and frequent public communications is essential to building trust. All North Carolinians, including vaccine providers and the public, should understand what to expect in the vaccination campaign.
4. Overview of North Carolina’s COVID-19 Vaccine Plan

Moving Forward Together is the next phase of North Carolina’s COVID-19 pandemic response.

Please see the NC Vaccine Strategy page for full details from the beginning of the pandemic and an administration timeline.

5. General Vaccine Information

Current information can always be found in the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines and at the DHHS Vaccination Information for Healthcare Professionals page.

5a. Vaccine Eligibility

Please see the CDC Eligibility Page for detailed info. Important notes include:
• The vaccine is free everywhere in North Carolina.
  o See the Medicaid billing guide
• No photo or government ID is required.
  o See the Health Resources and Services Administration HRSA Fact Sheets:
• Everyone can be vaccinated, regardless of their immigration status. Getting vaccinated will
  not affect an individual’s immigration status.
• People can self-attest (no proof is needed) that they are eligible for an additional dose of an
  mRNA COVID-19 vaccine.

5b. General Vaccine Messaging

COVID-19 primary series vaccination is recommended for everyone ages 5 years and older in the United
States for the prevention of COVID-19.

• Pfizer-BioNTech or Moderna COVID-19 Vaccines are preferred over the Janssen COVID-19
  Vaccine for primary and booster vaccination.
• A booster dose of COVID-19 vaccine is recommended for everyone ages 5 years and older.

Additional Resources

• NCDHHS COVID-19 Communications Toolkit
• NCDHHS Patient Fast Facts Sheet
• NCDHHS Vaccine Video Library
• CDC Vaccine FAQ for Healthcare Professionals
• CDC Training and Education for Healthcare Professionals Resources
• CDC Resources for Health Departments
• CDC Learning Connection
• Immunize.org COVID-19 vaccination patient education materials
• COVID Playlist contains 90+ regular and animated videos and graphics.

5c. Vaccine Hesitancy Resources
DID YOU KNOW?

Trusted providers are one of the most effective levers for improving vaccine acceptance.

Your conversations with patients about COVID-19 vaccines in routine care can make a difference:

Personal Stories
Use your credibility as a healthcare provider to help guide the conversation. Don't be afraid to tell your personal vaccination story!

Tested & TRUE
Build trust in the vaccine development process, without getting bogged down in overly technical details or medical jargon.

Help Loved Ones
Frame the conversation around how getting the vaccine helps patient's loved ones.

Vaccine Hesitancy Resources
- NEW COVID-19 State of Vaccine Confidence Insights Report
5d. Booster Information

For the general population, a booster dose of COVID-19 vaccine is recommended for everyone ages 5 years and older according to the schedule below. There is no need for people to go back to the location where they received their original vaccines.

Additionally, certain immunocompromised individuals, people ages 50 and older, and all individuals who received Johnson & Johnson primary and booster doses are eligible for another mRNA booster to increase their protection. The additional dose must be administered at least 4 months after a previous dose of any vaccine product.

Individuals 5 to 17 years of age can only receive the Pfizer booster, and adults 18 years of age and older can get any brand.

See the CDC’s Booster Information page for up-to-date guidance.

For immunocompromised persons, please see the CDC’s guidance for COVID-19 vaccinations for people who are moderately or severely immunocompromised.

See the COVID-19 vaccination schedule for the general population and immunocompromised individuals.

Additional Resources:
- NCDHHS COVID-19 Vaccine Boosters

6. Special Populations

NEW CDC recently released two new stories (PODER en SALUD and REACHing Multnomah County) as part of its Conversations in Equity, a collection of blogs dedicated to increasing the awareness of health inequities.

6a. Cultural Humility
The National Institutes of Health (NIH) defines cultural humility as “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.”

Cultural humility recognizes the correlation between a person’s health and their identities related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, social needs, and others. These factors can influence:

- How patients perceive symptoms and health conditions
- When and how patients seek care
- Patients’ expectations of care and preferences regarding treatment
- Who patients believe should participate in making healthcare decisions

Additional Resources:
- Cultural Humility vs. Cultural Competence — and Why Providers Need Both
- Cultural Humility Is Critical to Health Equity
- How to Improve Cultural Competence in Health Care

6b. Historically Marginalized Populations (HMP)

Many individuals, groups, and communities have historically and systematically been denied access to services, resources and power relationships across economic, political, and cultural dimensions. This marginalization is a result of systemic and persistent racism, discrimination and other forms of oppression.

Historic marginalization can result in poor health outcomes and has contributed to the inequitable distribution of COVID-19 cases and fatalities within these communities.

It is important as a provider to be aware of historical implications that can be perceived as a barrier to access, acceptance, and overall vaccine confidence for these groups.

Additional Resources:
- NEW Health Equity Guiding Principles for Inclusive Communication
- NCDHHS Historically Marginalized Populations Engagement Toolkit

6c. Homebound Persons

Homebound persons are those that need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their medical provider believes that their health or illness could get worse if they leave their home. In North Carolina, there are estimated to be as many as over 97,000 homebound persons.

See the CDC’s guidance and best practices for vaccinating homebound persons

Additional resources:
6d. Pregnant and Lactating Individuals

COVID-19 vaccination is strongly recommended for all people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future in order to prevent serious illness, deaths, and adverse pregnancy outcomes.

Pregnant people who are 12-17 years of age can receive age-appropriate authorized Pfizer-BioNTech COVID-19 vaccine products.

Vaccination for those who are pregnant or wanting to become pregnant is recommended by the American College of Obstetricians and Gynecologists (ACOG), the Society for Maternal-Fetal Medicine (SMFM), the American Society for Reproductive Medicine (ASRM), and the Society for Male Reproduction and Urology.

See the American College of Obstetricians and Gynecologists Practice Advisory for COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care and the CDC recommendations for pregnant and breastfeeding individuals.

Additional Resources:
- NCDHHS COVID-19 Vaccination: Pregnancy, Fertility, and Breastfeeding
- CDC COVID-19 Vaccines While Pregnant or Breastfeeding
- ACOG patient videos on recommended vaccines during pregnancy

Pregnancy-related Research:
- Association of COVID-19 Vaccination in Pregnancy with Adverse Peripartum Outcomes | Neonatology | JAMA | JAMA Network
- Association of SARS-CoV-2 Vaccination During Pregnancy with Pregnancy Outcomes | Neonatology | JAMA | JAMA Network

6e. Long-term Care and Congregate Facilities

Additional Resources:
- NCDHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities
- CDC COVID-19 Risks and Vaccine Information for Older Adults
- FAQs About Medical Consent & Pfizer-BioNTech Booster Doses for Long-term Care
- Medical Management of Vaccine Reactions in Adults in a Community Setting

6f. Immunocompromised Individuals
A 3-dose primary mRNA COVID-19 vaccine series is recommended for people ages 5 years and older who are moderately or severely immunocompromised, followed by a booster dose.

See the CDC’s guidance for COVID-19 vaccinations for people who are moderately or severely immunocompromised and vaccination schedule for immunocompromised individuals.

Additional Resources
- AMA “How to Talk with Immunocompromised Patients”
- ACIP’s general best practices for vaccination of people with altered immunocompetence
- CDC Guidance for persons vaccinated as part of a clinical trial

6g. Individuals Vaccinated Outside the United States

Please see Appendix E of the CDC Clinical Considerations for up-to-date information.

6h. Additional Special Populations Resources

- NEW Vaccinating Children with Disabilities
- Tips for Effective Communication with Individuals Who Have Hearing Loss at a Mass Vaccination Event
- Ensuring the Rights of People with Limited English Proficiency in Health Care During COVID-19

7. Pediatric Vaccines

NEW: Two new fact sheets are available in nine languages that can be printed and shared. Jurisdictions, community partners, vaccine providers and others can visit COVID-19 Vaccination for Children for up-to-date information and resources to help inform planning for pediatric vaccination.

7a. Children 6 months – 4 years old

Planning is underway for COVID-19 vaccination for children under 5 (or 6) years, and strategies will include many of those employed for vaccinating 5 to 11 year olds. As more information comes available it will be shared at COVID-19 Vaccination for Children | CDC.

Additional Resources:
- NEW Updated Pediatric COVID-19 Vaccination Operational Planning Guide
- NEW Vaccinating Children with Disabilities
- How to Talk with Parents and Caregivers about COVID-19 Vaccination
7b. Children 5 and Older

All children over the age of 5 are eligible to receive the age-appropriate Pfizer BioNTech COVID-19 vaccine series, and a booster dose.

Considerations for ordering pediatric COVID-19 vaccines:

- Both Moderna and Pfizer pediatric vaccines have a minimum order quantity of 100 doses.
- Moderna can be stored frozen between -50°C and -15°C until the expiration date.
  - Moderna vials can be moved to the refrigerator as needed for a maximum of a 30-day shelf life (unpunctured).
- Pfizer vials may be stored in an ultra-cold temperature (ULT) freezer between -90°C and -10°C until the expiration date.
  - If you do not have an ULT freezer, Pfizer vials may be kept in the refrigerator for up to 10 weeks.
- Providers are encouraged to order small amounts more frequently i.e. “just in time”.

See the CDC’s Clinical Considerations for offering pediatric vaccines

Additional Resources:
- NCDHHS 5-11 side effects flyer
- COVID-19 Pfizer BioNTech Vaccine EUA Fact Sheet for individuals 5 through 11 years of age
- How to Talk with Parents and Caregivers about COVID-19 Vaccination
- Needle length for all ages

8. North Carolina Vaccination Legal Considerations

Starting August 20, 2021, a state law (Session Law 2021-110 Section 9) requires health care providers to “obtain written consent from a parent or legal guardian prior to administering any vaccine that has been granted emergency use authorization and is not yet fully approved by the United States Food and Drug Administration to an individual under 18 years of age.”
Written consent from a parent or legal guardian is still required in order to receive Pfizer-BioNTech COVID-19 vaccine for the following children and teens because the age-appropriate Pfizer-BioNTech COVID-19 vaccine products are only available under emergency use authorization:

- Children 5 – 15 years of age as primary series
- Children and teens (5 years and older) eligible for an additional dose of a Pfizer-BioNTech COVID-19 vaccine due to being moderately or severely immunocompromised; and
- Children and Teens (5-17 years of age) who are eligible for a booster dose of a Pfizer-BioNTech COVID-19 vaccine.

Additional Resources:
- FAQs about Consent from Minors
- Legal Issues Related to Minors, School Staff, and Volunteers

9. Moderna COVID-19 Vaccines

NEW The AMA updated the CPT code set to include Moderna COVID-19 vaccine for children aged six months through five years.

NEW As of April 8, 2022, all lots of Moderna 14 dose vials have expired and there is no more Moderna 14 available for ordering. Moderna 14 inventory should be disposed of in accordance with state and local regulations.

Moderna COVID-19 Vaccine is FDA-approved or FDA-authorized in people ages 18 years and older as a 2-dose primary series, with an interval of 4 weeks between doses.

- Some individuals may benefit from getting their second dose 8 weeks after their first dose, rather than the typical 4-week interval. See the CDC Guidance for Individualized Vaccination Schedules for more.
- See the CDC Guidance for contraindications and precautions and Triage of People with a History of Allergies or Allergic Reactions before administering vaccine.
- COVID-19 vaccines may be administered without regard to timing of other vaccines.

See the Moderna: Administration Overview for Moderna COVID-19 Vaccine and the Moderna Storage and Handling Overview for the most recent product info.

Additional Resources:
- Communication Resources for COVID-19 Vaccines
- Moderna Online Training Module
- Moderna COVID-19 Vaccine EUA Fact Sheet for Health Care Providers, labels with purple borders (booster dose only)

The Food & Drug Administration has approved an amendment to the EUA for Pfizer Tris COVID-19 vaccine extending the shelf-life of the following Pfizer product formulations from 9 to 12 months if kept in ultra-cold storage:

- Pfizer Tris Pediatric vaccine (Orange Cap for ages 5 through 11, with diluent)
- Pfizer Adult Tris (Gray Cap for ages 12+, no diluent)
- Any remaining Pfizer purple cap (last viable lots now expire September 2022)
The image below demonstrates the handling and administration differences between available Pfizer products and preliminary information about the vaccine for children ages 6 months-4 years of age.

**NEW:** Can Comirnaty® and the Pfizer-BioNTech COVID-19 Vaccine be used interchangeably?

The vial contents for Comirnaty® and Pfizer adult EUA vaccine are identical and interchangeable (as determined by the FDA). While the vial contents are identical, the license for Pfizer Comirnaty® limits the use of this vaccine to people ages 16+. Also, this BLA product is licensed for the two-dose primary series only- not for additional doses or boosters. The EUA allows the Pfizer-BioNTech vaccine to be used on people ages 12 through 15 as a booster. The formulation of the Pfizer-BioNTech COVID-19 Vaccine authorized for use in children 5 through 11 years of age differs from the formulations authorized for older individuals. The Pfizer-BioNTech COVID-19 Vaccine authorized for use in children 5 through 11 years of age should not be used interchangeably with Comirnaty®.
Additional Resources:

- Information for Pfizer COVID-19 vaccines
- FAQ for Comirnaty
- Pfizer Online Training Module
- COVID-19 Pfizer BioNTech Vaccine EUA Fact Sheet for Health Care Providers, purple cap (must dilute)
- Fact Sheet for Healthcare Providers Administering Vaccine (Gray Cap/Adult)
- Fact Sheet for Healthcare Providers Administering Vaccine (Orange Cap/PEDS)
- Pfizer-BioNTech Fact Sheets and FAQs (recipients/caregivers and healthcare providers)
- Translations of the Pfizer-BioNTech Fact Sheets

Pfizer BioNTech Customer Service

- Phone # (800) 666-7248
- Email: cvgovernment@pfizer.com
- For ancillary kit issues, contact McKesson MedSurg
  - Phone #: 833-272-6634
  - SNSSupport@McKesson.com


The FDA has limited the use of the Janssen COVID-19 vaccine to individuals 18+ for whom other COVID-19 vaccines are not accessible or clinically appropriate, and individuals 18+ who choose to receive the Janssen vaccine because they would otherwise not receive a COVID-19 vaccine.

- Although mRNA vaccines are preferentially recommended in most situations over the Janssen COVID-19 Vaccine, the Janssen COVID-19 Vaccine may be considered in some situations.
• See the CDC Guidance for contraindications and precautions and Triage of People with a History of Allergies or Allergic Reactions before administering vaccine.
• COVID-19 vaccines may be administered without regard to timing of other vaccines.

The Johnson & Johnson vaccine supply will be limited indefinitely. We understand this product serves a variety of populations with different needs, and supply will be strategically placed across the state to serve those populations.

See Administration Overview for Johnson & Johnson’s Janssen COVID-19 Vaccine and the Janssen Storage and Handling Overview.

Additional Resources:
• J&J Expiration Date Lookup Tool
• Janssen Online Training
• CDC COVID-19 Vaccine Product Information Guide

Jansen Customer Service
• 800-565-4008 (or) 1-908-455-9922
• Email: JSCCOVIDTEMPEXCURSION@its.jnj.com
• For ancillary kit issues, contact McKesson Specialty
  • Phone #: (833) 343-2703
  • Email: COVIDVaccineSupport@McKesson.com

12. Safety Monitoring and Resources

Healthcare providers with complex patient vaccine questions not addressed by CDC interim clinical considerations guidance, can obtain expert consultation from the Clinical Immunization Safety Assessment COVIDvax project by calling 800-CDC-INFO (800-232-4636) or submitting this CDC-INFO webform.

The CDC and FDA are actively engaged in safety monitoring of COVID-19 vaccines with numerous vaccine safety monitoring systems, including VAERS, to watch for adverse events after vaccination.

The Center for Biologics Evaluation and Research (CBER) at the FDA is monitoring safety of authorized COVID-19 vaccines through both passive and active safety surveillance systems. CBER is doing so in collaboration with the Centers for Disease Control and Prevention (CDC), the Center for Medicare and Medicaid Services (CMS), the Department of Veterans Affairs (VA), and other academic and large non-government healthcare data systems. In addition, CBER participates actively in ongoing international pharmacovigilance efforts, including those organized by the International Coalition of Medicines Regulatory Authorities (ICMRA) and the World Health Organization (WHO). These efforts are in addition to the pharmacovigilance efforts being undertaken by the individual manufacturers for authorized
A coordinated and overlapping approach using state-of-the-art technologies has been implemented. These systems can also potentially be leveraged to assess safety in specific subpopulations and to assess vaccine effectiveness, including against emerging variants.

These monitoring systems include:

- **Vaccine Adverse Event Reporting System (VAERS)**

  An early warning system that helps CDC and FDA monitor problems following vaccination. Anyone can report suspected vaccine reactions and issues to VAERS.

  VAERS can provide vaccine safety experts with valuable information to assess possible safety concerns. VAERS is especially useful for quickly detecting unusual or unexpected patterns of adverse event reporting that might signal a possible safety problem with a vaccine. VAERS is not designed to assess cause and effect so VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. Experts from CDC and FDA monitor VAERS reports to identify adverse events that need to be studied further. All serious reports are reviewed daily by vaccine safety experts. Scientists at CDC and FDA also use statistical models to help understand whether there are any safety signals for a vaccine product and compare them with safety signals for other vaccines to determine if further investigation is needed. VAERS staff obtain follow-up medical records for reports classified as serious. A serious report describes an event that resulted in permanent disability, hospitalization, life-threatening illness, or death. VAERS staff may also obtain follow-up medical records for adverse events of interest, like anaphylaxis. Reviewing these records can help CDC and FDA medical staff better understand cases.

  Anyone can submit a report to VAERS, including patients, family members, healthcare providers, vaccine manufacturers and the general public. These reports are submitted directly to VAERS and not through the state. CDC, the FDA and NC DHHS encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS.

  Experts from CDC and FDA monitor VAERS reports to identify adverse events that need to be studied further. Information provided to VAERS which identifies a person who received the vaccine or vaccines will not be made available to the public. De-identified VAERS data are made available to each jurisdiction 4-6 weeks after the report is received. VAERS data available to the public include only the initial report data to VAERS. Updated data which contains data from medical records and corrections reported during follow-up are used by the federal government for analysis. However, for numerous reasons including data consistency, these amended data are not available to the public. CDC shares VAERS summary data for each jurisdiction for their awareness. Summary data is monitored weekly by North Carolina, which includes county as a variable.

- **CDC v-safe**

  A smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines.

  V-safe uses text messaging and web surveys from CDC to check in with vaccine recipients following COVID-19 vaccination. V-safe also provides second vaccine dose reminders if needed,
and telephone follow-ups to anyone who reports medically-attended adverse events. Participants can enroll in v-safe after any dose of vaccine, and parents and guardians can enroll on behalf of their children.

- **V-safe COVID-19 Vaccine Pregnancy Registry**
  
  *As part of v-safe, information about pregnancy status at the time of vaccination and at defined follow up time points after vaccination is collected.*

  Given the lack of safety data from pre-EUA clinical trials of COVID-19 vaccines among pregnant persons, the v-safe pregnancy surveillance system will provide critical information to monitor the safety of COVID-19 vaccines administered under EUA and is intended to capture information about pregnant persons and their infants who have been vaccinated. This can inform clinical guidance regarding COVID-19 vaccination during pregnancy and can provide an additional method to detect adverse events that warrant further evaluation using existing safety and database systems.

- **Clinical Immunization Safety Assessment (CISA) Project**
  
  *A partnership between CDC and several medical centers that conduct clinical research on vaccine-associated health risks in certain groups of people.*

- **Vaccine Safety Datalink (VSD)**
  
  *A collaboration between CDC and several health care organizations that allows ongoing monitoring and proactive searches of vaccine-related data.*

- **The BEST**
  
  *Part of the Sentinel initiative, that comprises large-scale claims data, electronic health records (EHR), and linked claims-EHR databases with a data lag of approximately three months.*

  The system makes use of multiple data sources and enables rapid queries to detect or evaluate adverse events as well as studies to answer specific safety questions for vaccines. The linked claims-EHR database makes it possible to study the safety of vaccines in sub-populations with pre-existing conditions or in pregnant women.

- **Medicare Claims Database**
  
  *During the current pandemic, FDA, CMS, and CDC have already used the Medicare data to publish a study showing that frailty, comorbidities, and race/ethnicity were strong risk factors of COVID-19 hospitalization and death among the U.S. elderly.*

  CBER has worked over the past several years with CMS to develop capabilities for routine and time-sensitive assessments of the safety of vaccines for people 65 years of age and older using the Medicare Claims database. Because it was already in place, this system was immediately put into use for COVID-19 vaccine surveillance to monitor for adverse events.

**Additional Resources**

- [Safety Monitoring Systems Information Sheet](#)
- [VAERS fact sheet](#)
- [v-safe Fact Sheet](#)
- [How Vaccines are Tested, Licensed, and Monitored for Safety](#)
• Reporting Adverse Events
• Birth Defects Study to Evaluate Pregnancy Exposures (BD-STEPS)

13. Statewide Standing Orders

Please see the latest Statewide Standing Orders on the DHHS website.

14. Storage, Reporting, and Transfer

14a. Ordering and Managing Vaccine

Please see the COVID-19 Ordering Guidance One-Pager for vaccine ordering details.

Providers can choose to use CVMS or NCIR to manage their COVID-19 vaccine inventory. Please see the NCIR Process Guide if you wish to make this change.

Whether a provider uses CVMS or NCIR, the COVID-19 Vaccination Program Provider Enrollment Process takes place in the CVMS Provider Enrollment Portal.

• CVMS
  o CVMS User Guide
  o CVMS Upcoming Trainings
  o CVMS Provider Portal
  o CVMS Organization Portal for Healthcare Location Managers User Guide
  o CVMS Managing Inventory Best Practices document.

• NCIR
  o NCIR User Guide
  o NCIR interoperability with electronic health records

Important Notes:

• All lots of Moderna 14 dose vials expired April 8th, and no more is available for ordering.
• We encourage all providers to post and manage their available excess inventory that is below the Minimum Order Quantity (MOQ) they are willing to transfer on Vaccine Marketplace.
14b. Transporting Vaccine

Please see the COVID-19 Vaccine Transport Guidance.

14c. Wastage

Guidance for physical wastage of unused vaccine

- Empty vaccine vials are usually not considered hazardous or pharmaceutical waste and do not require disposal in a biomedical waste container. However, to reduce the risk of fake or counterfeit COVID-19 vaccines, the CDC recommends providers “dispose of vials and packaging as medical waste by placing vials in a sharps container and packaging in a red medical waste bag.
- If medical waste containers are in short supply, deface or safely crush packaging materials so they cannot be reintroduced or reproduced. After the products are sufficiently defaced or destroyed, dispose with regular waste”. There is currently no vaccine return program. Do NOT return vaccine in the thermal shipping container.
- Do not dispose of the ancillary kit supplies received to administer the vaccine(s) that has since expired.

Additional Resources:
- Updated CDC’s Storage and Handling Toolkit
- CDC Webpage: Identifying, Disposing, and Reporting COVID-19 Vaccine Wastage

15. COVID-19 Vaccine Coding and Billing

- NEW SPECIAL BULLETIN COVID-19 #249: Pfizer-BioNTech Vaccine Booster Dose for Children Age 5 through 11 | NC Medicaid (ncdhhs.gov)
- AMA COVID-19 Vaccine CPT® Codes to find the appropriate CPT code combination for the type of vaccine and services being offered
- NC Medicaid billing guide
- Note: HRSA has stopped accepting COVID-19 administration claims as of April 6, 2022.
COVID-19 Vaccination
A Quick Guide to Coding and Billing

Did you know?
NC Medicaid has increased the reimbursement for COVID vaccine administration from $40 to $65.

The 3rd dose of a primary series vaccine (Pfizer and Moderna) given to immunocompromised kids can be billed.

NC Medicaid-enrolled providers can bill code 99401 for telephone outreach to unvaccinated Medicaid beneficiaries.

Find your COVID-19 Vaccine CPT® Codes
The American Medical Association (AMA) has created a CPT Combination Tool. Just type in the vaccine type and dose of vaccine that you are using, and pull up your CPT codes immediately!

Additional Resources:
- NC Medicaid COVID-19 Guidance & Resources for Medicaid Providers
- NC Medicaid Policy Modifications
16. Research of Interest

- BNT162b2 Protection against the Omicron Variant in Children and Adolescents -
- Post–COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021
- Protection and Waning of Natural and Hybrid Immunity to SARS-CoV-2 | NEJM
- Evaluation of mRNA-1273 Covid-19 Vaccine in Children 6 to 11 Years of Age | NEJM

17. Additional Help

The NC Vaccines Help Center is available for providers and organizations to call and receive live support for COVID-19 vaccine and CVMS-related questions, issues, or requests. To reach the Help Center, call (877) 873-6247 and select option 1 for COVID-19 questions.

The NC Vaccines Help Center is available: Monday – Friday 7:00 AM – 7:00 PM ET and Saturday 8:00 AM – 4:00 PM ET.

Please submit any COVID-19 Therapeutics-related inquiries, issues, and feedback to the Therapeutics Mailbox (therapeutics.covid19@dhhs.nc.gov).

Additional Resources:
- NEW See the COVID-19 vaccine for children page on AAP.org for guidance on vaccine implementation, coding information, educational resources for clinicians and families, an FAQ, and more.
- How to Submit a HelpDesk Case One-Pager
- CDC Learning Connection
- FAQs for Private and Public Healthcare Providers About Implementing the CDC COVID-19 Vaccination Program in Provider Practices

Help accessing or using VPoP | VTrckS ExIS Support: VTrckSExIS@cdc.gov
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<th>Help Options</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>VPoP (Federal Partners):</strong></td>
<td><a href="mailto:VTrckSEx@cdc.gov">VTrckSEx@cdc.gov</a></td>
</tr>
<tr>
<td>Help accessing or using VTrckS</td>
<td>Vaccine Order Management Contact Center: <a href="mailto:Vaccineordermgmt@cdc.gov">Vaccineordermgmt@cdc.gov</a> 1-877-878-6247 (select Option 3)</td>
</tr>
<tr>
<td>Vaccines.gov/VaccineFinder Support</td>
<td>Available M-F, 8am – 8pm ET  Email: <a href="mailto:CARS_HelpDesk@cdc.gov">CARS_HelpDesk@cdc.gov</a>  Phone: 1-833-748-1979</td>
</tr>
<tr>
<td>Reporting Administration Data via CVRS Data Extract</td>
<td>CVRS Support: <a href="mailto:IZGateway@cdc.gov">IZGateway@cdc.gov</a>  Data Clearinghouse: <a href="mailto:DCHInfo@cdc.gov">DCHInfo@cdc.gov</a>  Pharmacy Liaison: <a href="mailto:eocevent481@cdc.gov">eocevent481@cdc.gov</a></td>
</tr>
<tr>
<td>VAMS</td>
<td>These help options are only for jurisdictions and providers using VAMS:  VAMS Help Desk: 1-833-957-1100 <strong>preferred contact method</strong>  VAMS Help: <a href="mailto:VAMSHelp@cdc.gov">VAMSHelp@cdc.gov</a></td>
</tr>
<tr>
<td>V-safe</td>
<td><a href="mailto:eocevent523@cdc.gov">eocevent523@cdc.gov</a></td>
</tr>
<tr>
<td>HHS Protect/Tiberius</td>
<td>Log-in: <a href="mailto:Protect-ServiceDesk@hhs.gov">Protect-ServiceDesk@hhs.gov</a>  Platform: <a href="mailto:ows-support@palantir.com">ows-support@palantir.com</a>  Microplanning: <a href="mailto:ows-support-microplanning@palantir.com">ows-support-microplanning@palantir.com</a>  Tiberius: <a href="mailto:Tiberius-Help@cdc.gov">Tiberius-Help@cdc.gov</a></td>
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