BlueCross BlueShield of New Mexico

BLUE REVIEW℠

A Provider Publication

November 2020

Education & Reference

COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:

- Provider Information on COVID-19 Coverage
- BCBSNM News and Updates
- BCBSNM COVID-19 Member Website

Clinical Practice Guidelines for the Metabolic Syndrome and Management of Overweight and Obesity in Adults

Blue Cross and Blue Shield of New Mexico (BCBSNM) would like to share with you and your practice current BCBSNM Clinical Practice Guidelines (CPGs) to help our members who are overweight, obese and/or at risk of developing metabolic syndrome. Educating providers and members on the importance of addressing adult obesity is part of a New Mexico State Performance Improvement Plan (PIP).

Read More

Submit Electronic Professional and Facility Claims via the Availity® Provider Portal

The Availity Provider Portal offers providers a no cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to BCBSNM. Electronic claim submission can accelerate the claim and reimbursement process.

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Availity Provider Portal Offerings

The Availity provider engagement portal helps providers and BCBSNM to securely share information easily and efficiently. Using Availity allows you to quickly verify patient eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries, and more without having to call BCBSNM.

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Availity Claim Status Tool Now Available for All BCBSNM Members

In Nov. 2019, BCBSNM launched the Availity Claim Status tool for providers to verify detailed claim status online for Medicare Advantage members. As of Oct. 19, 2020, this tool includes detailed claim status for commercial, Blue Cross Community Centennial℠, Federal Employee Program® (FEP®) and on and off exchange members. This improvement will increase your administrative efficiencies by offering you a single tool to check claim status online for all your BCBSNM patients.

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Updates and Reminders: Submit Predetermination of Benefits Submission via Availity

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offering for our members. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine.

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Are You Using These Shared Decision-Making Aids?

Below is a list of resources to help you involve your patients in shared decision-making. The evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with your patients.

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BCBSNM Names New President

Janice Torrez has been named incoming president of BCBSNM. Torrez will replace current BCBSNM President Kurt Shipley, who will retire on Dec. 31, 2020, after a 24-year tenure with BCBSNM.

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Provider Finder® Gets an Upgrade

Do you need help finding a specialist or facility for a consultation or procedure for a Blue Cross and Blue Shield of New Mexico member? This October, our enhanced online Provider Finder will make finding care for our members a lot easier.

What's New?

The new Provider Finder is **visually appealing** and **easy to navigate** with a **streamlined menu** and **filter options**. The filter and sort options include:

- Specialty
- Accepting new patients
- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics & awards
- Best match (weighted by quality and accessibility)

Update Your Info

Please help our members find you by **making sure your information is accurate** and up-to-date by visiting Network Participation and selecting **Search** under Provider Finder. We've created a step-by-step guide to help you navigate Provider Finder. If you have any changes, use our **Demographic Change Form**.

Blue Cross Medicare Advantage℠ (Medicare)

CMS-Required Training for Dual-Special Needs Plans

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

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Blue Cross Community Centennial℠ (Medicaid)

Preparing for the 2020-2021 Flu Season: Administering Flu Vaccines During the COVID-19 Pandemic

Flu season is upon us and BCBSNM would like to share immunization updates with contracted providers in the Blue Cross Community Centennial℠ network to help you give your patients and our members quality care. The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients ages six months and older without contraindications during the 2020-2021 influenza season.

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Required Cultural Competency Training Available Online

The New Mexico Human Services Department (HSD) requires all providers contracted within a New Mexico Medicaid Network, like Blue Cross Community Centennial, to take annual cultural competency training. This training is intended to include all cultures and not be limited to any particular group and is designed to address the needs of racial, ethnic, and linguistic populations that may experience unequal access to health services.

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Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the NM Medicaid Provider Web Portal. Failure to update information on the NM Medicaid Provider Web Portal may result in the denial of claims

Such services are funded in part with the State of New Mexico.

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*. Signing up is easy.

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Clinical Payment and Coding Policies

BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG)) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. These policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Claims Inquiries

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits and claims processing for BCBSNM members. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

Network Services Contacts and Related Service Areas

Do We Have Your Correct Information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy online form for any changes to your contact or practice information.

Member Rights and Responsibilities

BCBSNM policies help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

bcbsnm.com/provider

Clinical Practice Guidelines for the Metabolic Syndrome and Management of Overweight and Obesity in Adults

Blue Cross and Blue Shield of New Mexico (BCBSNM) would like to share with you and your practice current BCBSNM Clinical Practice Guidelines (CPGs) to help our members who are overweight, obese and/or at risk of developing metabolic syndrome. Educating providers and members on the importance of addressing adult obesity is part of a New Mexico State Performance Improvement Plan (PIP).

The Metabolic Syndrome Guidelines states that a diagnosis of Metabolic Syndrome is appropriate when any of the three risk factors are present:

1. waist measurement > 35 inches for women and > 40 inches for men,
2. elevated blood pressure or receiving treatment for hypertension,
3. fasting blood glucose > 100/mg/dl or receiving treatment for Diabetes,
4. elevated triglycerides or receiving treatment for elevated triglycerides, and
5. low HDL-cholesterol or receiving treatment for low HDL-cholesterol. The guidelines further describe lifestyle changes to prevent the development of risk factors for Metabolic Syndrome in the areas of diet and physical activity.

On the Providers tab on the bcbsnm.com website, under Clinical Resources, you can access Clinical Practice Guidelines for the Metabolic Syndrome Guidelines, as well as the Management of Overweight and Obesity in Adults.
For questions, you may contact the Quality Department.

Submit Electronic Professional and Facility Claims via the Availity® Provider Portal

The Availity Provider Portal offers providers a no cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to Blue Cross and Blue Shield of New Mexico (BCBSNM). Electronic claim submission can accelerate the claim and reimbursement process.

You must be registered with Availity to use the Claim Submission tool for electronic professional and facility claims. You can sign up today at Availity ⧉, at no charge. For

registration assistance, call Availity Client Services at 800-282-4548. This Availity portal option doesn't require the use of a separate clearinghouse or practice management system.

How to access and use Availity's Claim Submission tool
1. Log in to [Availity](#)
2. Select **Claims & Payments** from the navigation menu
3. Select **Facility Claim** or **Professional Claim**
4. Within the tool, select your **Organization, Transaction Type and Payer**
5. Complete the required fields

Online claim submission via Availity allows you to submit a single claim or add to batch and send multiple claims to BCBSNM at the same time. Once submitted, you can confirm BCBSNM's receipt of the claim(s) and check claim status in real-time, all within the Availity portal.

For More Information
Watch for the new **Electronic Professional Claim Submission User Guide** and **Electronic Facility Claim Submission User Guide** coming soon to the [Provider Tools section](#) of our website.

Learn more about the electronic claim submission process by referring to the [Submitting Claims page](#) on our Provider website.
If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Availity® Provider Portal Offerings

The Availity provider engagement portal helps providers and Blue Cross and Blue Shield of New Mexico (BCBSNM) to securely share information easily and efficiently. Using Availity allows you to quickly verify patient eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries, and more without having to call BCBSNM.

Advantages of using Availity

- Accessible 24/7
- HIPAA Compliant
- Multi-Payer Solution
- Real-time Search Results
- No Cost Transactions
- Printable Results
- Online Help Features

Electronic Provider Tools

The following complimentary self-service tools are accessible through Availity and can be used to accomplish multiple tasks and gain information.

Pre-Service Tools	Description
Eligibility and Benefits Inquiry	verify real-time patient activity, check coverage details and determine prior authorization requirements
Patient Care Summary	consolidated view of a patient's health care history
Patient Cost Estimator*	estimate a patient's potential out-of-pocket costs
Patient ID Finder*	obtain the BCBSNM patient ID and group number
Attachments*	submit predetermination of benefits requests handled by BCBSNM
Authorizations	submit prior authorization requests handled by BCBSNM
Altruista Health's GuidingCare™ *(single sign-on access)*	monitor rendered services, activities, quality measures and care plans for Blue Cross Community Centennial℠ members

Post-Service Tools	Description
Claim Status	check detailed, real-time claim status

Research Procedure Code Edits *(Clear Claim Connection)**	determine how coding combinations on a specific claim may be evaluated during the adjudication process
Reporting On-Demand	view, download, save and/or print the Provider Claim Summary (PCS) for finalized claims
Remittance Viewer	offers providers and billing services a convenient way to view and help reconcile claim data in the 835 Electronic Remittance Advice (ERA)
Electronic Refund Management (eRM)*	reconcile claim overpayments and manage refund requests
Claim Inquiry Resolution (CIR)*	submit claim reconsideration request for certain finalized claims
Medical Attachment *(Electronic Quality and Risk Adjustment Medical Records Requests)*	receive and electronically respond to medical record requests for quality and risk adjustment
Clinical Quality Validation (CQV)	comply with Healthcare Effectiveness Data and Information Set (HEIDIS®) measures by electronically documenting the patient's care and assessment

Not available for Medicare Advantage members.
If you have not yet registered for Availity, you can sign up today at no charge. For registration assistance, you may contact Availity Client Services at 800-282-4548.

For More Information

Refer to the Provider Tools section of our website for detailed information and applicable user guides for the Availity offerings. Additionally, you can visit our Training page to register for upcoming online training sessions.

Have additional questions or need customized training?

Email our Provider Education Consultants for assistance.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

Availity® Claim Status Tool Now Available for All BCBSNM Members

In Nov. 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) launched the Availity Claim Status tool for providers to verify detailed claim status online for Medicare Advantage members. As of **Oct. 19, 2020**, this tool includes detailed claim status for commercial, Blue Cross Community Centennial℠, Federal Employee Program® (FEP®) and on and off exchange members. This improvement will increase your administrative efficiencies by offering you a single tool to check claim status online for all your BCBSNM patients.

This Claim Status tool is found in the Claims & Payment menu via the Availity portal and allows providers to search for claims by a member ID or specific claim number. When searching by the Member ID, the patient name will now be included in the list of claims returned, based on the search criteria entered. The claim status results are real-time and provide more detailed information than the HIPAA-standard 276/277 claim status transaction. In addition, this claim status option returns the following details:

- patient and provider data submitted on claims
- in-network and out-of-network patient liability breakdown
- billing and rendering provider name and NPI
- check number, check date and payee name
- other carrier payment amount
- ineligible reason codes and associated descriptions
- transaction ID reference numbers

BCBSNM Claim Research Tool Retirement
The BCBSNM Claim Research Tool (CRT) in Availity will be retired as of Oct. 19, 2020. The detailed claim status information you received within the CRT, including applicable code audit rationale and

additional action(s), have been incorporated into the Availity Claim Status tool for commercial, Blue Cross Community Centennial, FEP and on and off exchange members.

Resources

For additional instructions, refer to the **Availity Claim Status User Guide** in the Provider Tools section of our Provider website. As a reminder, you must be registered with Availity to use the Claim Status tool. For registration information, visit Availity, or contact Availity Client Services at 800-282-4548.

If you have additional questions, contact the Provider Education Consultants.

Updates and Reminders: Submit Predetermination of Benefits Submission via Availity®

On July 30, 2020, Blue Cross and Blue Shield of New Mexico (BCBSNM) implemented an electronic predetermination of benefits submission process via Availity's Attachments tool. Updates were recently made to the Attachments tool to better assist you with submitting your requests online to BCBSNM.

Updates to Online Availity Submission Process

- On-screen messaging has been added in the **Patient Information** section to ensure the patient's first and last names match exactly as they appear on the eligibility and benefit response to prevent the predetermination request from being rejected. Refer to the Availity Eligibility and Benefits User Guide for assistance with verifying patient information online.
- The **Service From** and **To** date fields have been removed as they are not required for submission.

Make sure you use Availity's Attachments Dashboard to confirm the online predetermination of benefits submission was accepted or rejected by BCBSNM. For navigational assistance with this tool, refer to the Electronic Predetermination Request User Guide located in the Provider Tools section of our website.

Reminders

- A predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSNM recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational, or unproven, as specified within the BCBSNM Medical Policy.
- Per the Medical Policy, if photos and/or x-rays are required for review, please email to Photo Handling. The body of the email should include the patient's first name and last name, Group number, Subscriber ID and date of birth.
- Urgent care requests include any request for a predetermination with respect to which the application of the time periods for making non-urgent care determinations:
    a. could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function,
       or
    b. in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.
- If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed Predetermination Request Form and pertinent medical documentation.

For More Information

If you need further assistance or customized training, contact our Provider Education Consultants.

The information in this notice does not apply to requests for Medicare Advantage members.

Telemedicine — Future State

Post-COVID-19 Accommodations

In response to the COVID-19 pandemic, Blue Cross and Blue Shield of New Mexico (BCBSNM) expanded access to telemedicine services to give our members greater access to care. Moving into 2021 as the COVID-19 accommodations expire, telemedicine will continue to be a standard offering for our members. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine.

Cost Share Waiver Ending

We also waived all cost share associated with telemedicine visits during the COVID-19 crisis. The **cost-share waiver will end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable** to telemedicine visits.

The cost share varies according to the member's benefit plans. Some telemedicine care will require **referrals** and **prior authorizations** in accordance with the member's benefit plan. **Check eligibility and benefits** for each member for details.

Medicare

The **cost share waiver** for Medicare Advantage and Medicare Supplement members will **end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will apply** to telemedicine visits.

What is covered?

Coverage is based on the terms of the member's benefit plan and applicable law. After COVID-19 accommodations expire, we will cover telemedicine codes consistent with the code lists from:

- The Centers for Medicare and Medicaid Services (CMS) ⊠, and
- The American Medical Association (AMA) ⊠

This does not include CMS' list of telehealth services for the public health emergency.

Our self-funded employer group customers make decisions for their employee benefit plans. Check eligibility and benefits for any variations in member benefit plans.

CMS identifies covered services for Medicare ⊠ members.
We **recommend** the following:

- Consider telemedicine a mode of care delivery to be used when it can reasonably provide **equivalent outcomes** as face-to-face visits.
- Choose telemedicine when it **enhances the continuity of care** and care integration if you have an established patient-provider relationship with members.
- **Integrate telemedicine records into electronic medical record systems** to enhance continuity of care, maintain robust clinical documentation and improve patient outcomes.

Eligible Members

Providers can use telemedicine for members with the following benefit plans:
- State-regulated fully insured HMO and PPO plans, and IBAC plans.
- Blue Cross Medicare Advantage (excluding Part D) and Medicare Supplement
- Self-insured employer group plans

We will continue to follow applicable state and federal requirements.

Medicare and Medicaid

Telemedicine benefits for our Medicare Advantage and Medicare Supplement members will continue until CMS directs ⧉.

We will follow the applicable guidelines of the New Mexico Human Services Department and Centers for Medicare & Medicaid Services as appropriate for Blue Cross Community Centennial℠ (Medicaid Plans) and Blue Cross Medicare Advantage (PPO)℠ members.

The New Mexico Human Services Department (HSD) has added new codes for both medical and behavioral health services for New Mexico Medicaid members to encourage the use of telephonic visits and e-visits. These codes and payment rates can be found in HSD Letter of Direction #31 ⧉.

Eligible Providers

Providers of telemedicine may include, but are not necessarily limited to:
- Physicians
- Physician assistants
- Advanced Practice Registered Nurses (APRNs)
- Licensed behavioral health
- Nutritionists
- Dieticians

Delivery Methods

Available telemedicine visits with BCBSNM providers include:
- 2-way, live interactive telephone communication and real time audio and video consultations
- **Asynchronous telecommunication** via image and video not provided in real-time (a service is recorded as video or captured as an image; the provider evaluates it later)
- Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness

Providers can find the latest guidance on acceptable HIPAA-compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action ⧉.

Submitting claims

Submit claims for medically necessary services delivered via telemedicine with the appropriate **modifiers (95, GT, GQ) and Place of Service (POS) 02** or POS that would have been billed had the services been delivered face to face.

Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier.

Member benefit and eligibility assistance

Check eligibility and benefits for each member at every visit prior to rendering services. Providers may:

- Verify general coverage by submitting an **electronic 270 transaction through Availity**˙ or your preferred vendor.
- Connect with a Customer Advocate to check eligibility and telemedicine benefits by **calling** our **Provider Customer Service Center** at **888-349-3706**.

Please note that the fact that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date the service was rendered.

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Are you using these shared decision-making aids?

Below is a list of resources to help you involve your patients in shared decision-making. The evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with your patients. The list is also on our website.

Why it's important: When patients help make decisions about their health care, it can lead to better outcomes and quality of life.

Mayo Clinic Shared Decision-Making National Resource Center ⬚

- Cardiovascular Primary Prevention Choice
- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Decision Aid
- Percutaneous Coronary Intervention Choice
- Smoking Cessation Around the Time of Surgery
- Rheumatoid Arthritis (RA) Choice
- Statin Choice Electronic Decision Aid

Cincinnati Children's James M. Anderson Center for Health Systems Excellence ⬚

- Attention-Deficit/Hyperactivity Disorder (ADHD) Treatment for the School-Age Child
- Diarrhea Treatment with Lactobacillus GG

- Human Papilloma Virus (HPV) Vaccination
- Hydroxyurea for Sickle Cell Anemia
- Treatment for Children with Autism
- Behavior Concerns in Young Children
- Return of Genetic Test Results from Whole Exome Sequencing
- Juvenile Idiopathic Arthritis Treatment
- Fertility Preservation for Children Newly Diagnosed with Cancer
- Treatment of Obstructive Sleep Apnea
- Weight Loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Making](#) 🗗

[Decision Support Toolkit for Primary Care](#)

The following steps help involve the patient in a primary care setting:
- Step 1: [Leadership](#)
- Step 2: [Goals and Scope of Project](#)
- Step 3: [Assessment](#)
- Step 4: [Decision Support Tools](#)
- Step 5: [Education and Training](#)
- Step 6: [Implementation](#)
- Step 7: [Quality Monitoring Tools](#)

[Decision Support Toolkit for Specialty Care](#)

- Breast Cancer
    - [Early Stage Breast Cancer Toolkit](#)
    - [Ductal Carcinoma in Situ (DCIS) Toolkit](#)
    - [Breast Reconstruction Toolkit](#)
- [Hip and Knee Osteoarthritis Toolkit](#)

[Decision Support as a Clinical Skill Toolkit](#)

- Part 1: The [Ottawa Decision Support Tutorial](#) — Online tutorial to develop skills in providing decision support
- Part 2: [Workshop for Physicians](#) and [Workshop for Non-Physicians](#)

Preparing for the 2020-2021 Flu Season: Administering Flu Vaccines During the COVID-19 Pandemic

Flu season is upon us and Blue Cross and Blue Shield of New Mexico would like to share immunization updates with contracted providers in the Blue Cross Community Centennialᔢᔐ network to help you give your patients and our members quality care. The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients ages six months and older without contraindications during the 2020-2021 influenza season.

For the 2020-2021 flu season, there are two new vaccines licensed for use:
- The first is a quadrivalent high-dose vaccine licensed for use in adults 65 years and older. This vaccine will replace the previously licensed trivalent high-dose vaccine.
- The second new vaccine that will be available is a quadrivalent adjuvanted vaccine licensed for use in adults 65 years and older.
  - This vaccine is similar to the previously licensed trivalent vaccine containing MF59 adjuvant, but it has one additional influenza B component.

More information about [new vaccines available this year](.).

What flu vaccines are recommended this season and where can a patient receive their flu shot?

For the 2020-2021 flu season and exercising your independent professional judgment, you may choose to administer any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4). If you do not have access to any of the licensed, age-appropriate flu vaccines, you can direct your patients to any local pharmacy to administer the flu shot.

Vaccine options this season include:
- [Standard dose flu shots.](.)
- [High-dose shots](.) for people 65 years and older.
- [Shots made with adjuvant](.) for people 65 years and older.
- [Shots made with virus grown in cell culture.](.) No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology ([recombinant vaccine](.)) that do not require having a candidate vaccine virus (CVV) sample to produce.
- [Live attenuated influenza vaccine](.) (LAIV). — A vaccine made with attenuated (weakened) live virus that is given by nasal spray.

Is there guidance for safely administering vaccines during the COVID-19 pandemic?

CDC has released [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#). This guidance is intended to help in a variety of settings with the safe administration of vaccines during the COVID-19 pandemic. This guidance will be continually reassessed and updated based on the evolving epidemiology of COVID-19. Providers who give vaccines should periodically revisit the CDC's guidance as well as guidance from state, local, tribal, and territorial health officials.