

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director-Medicaid Director

**Transmittal # 21-37**

TO: All DC Medicaid Providers

FROM: Melisa Byrd  
Senior Deputy Director and State Medicaid Director

DATE: September 08, 2021

SUBJECT: **Professional Services Billing Codes and Reimbursement Rates for COVID-19 Vaccines – Addition of Third Doses for Pfizer and Moderna Vaccines for Immunocompromised People**

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**Purpose**

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to vaccinations for COVID-19 in the professional setting. This transmittal provides notice of coverage and reimbursement for fee-for-service providers that bill HCPCS and CPT codes on CMS-1500 claim forms for COVID-19 vaccine administration in the professional fee schedule, and for providers enrolled in Medicaid Managed Care Organization (MCO) networks.

This transmittal amends guidance provided in [Transmittal # 21-26: Professional Services Billing Codes and Reimbursement Rates for COVID-19 Vaccine](#) issued June 30, 2021, to add the codes and rates for the third doses of the Pfizer and Moderna vaccines. CDC recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine. DHCF expects additional CDC guidance on additional doses or booster shots for other population is forthcoming and will issue additional updates as needed.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for COVID-19 Vaccines are based on the published guidance by CMS. If newer rates are published by CMS or a Medicare Administrator Contractor (MAC), the rates may be updated with retroactive payment adjustments as necessary. CMS only priced the administration of these services as the product is being provided for free initially.

In accordance with regulations at 42 CFR § 447.15, providers may not balance bill Medicaid beneficiaries amounts additional to the amount paid by the agency plus any deductible, coinsurance or copayment required by the state plan to be paid by the beneficiary.

The table below provides the relevant and most current billing and reimbursement guidance for all COVID-19 vaccines covered by DHCF to date for professional providers. New information is highlighted in bold:

### Administration

HCPCS/CPT	Description	Labeler Name	Effective Date	Max Units	PA Required	Rate for Claims with Date of Service through 03/14/2021	Rates for Claims with Date of Service one or after 3/15/2021
0001A	ADM SARSCOV2 30MCG/0.3ML 1 <sup>ST</sup>	Pfizer	12/11/2020	1	No	\$16.94	\$47.10
0002A	ADM SARSCOV2 30MCG/0.3ML 2 <sup>ND</sup>	Pfizer	12/11/2020	1	No	\$28.39	\$47.10
<b>0003A</b>	<b>ADM SARSCOV2 30MCG/0.3ML 3<sup>RD</sup></b>	<b>Pfizer</b>	<b>8/12/2021</b>	<b>1</b>	<b>No</b>	<b>N/A</b>	<b>\$47.10</b>
0011A	ADM SARSCOV2 100MCG/0.5ML1 <sup>ST</sup>	Moderna	12/28/2020	1	No	\$16.94	\$47.10
0012A	ADM SARSCOV2 100MCG/0.5ML2 <sup>ND</sup>	Moderna	12/28/2020	1	No	\$28.39	\$47.10
<b>0013A</b>	<b>ADM SARSCOV2 100MCG/0.5ML3<sup>RD</sup></b>	<b>Moderna</b>	<b>8/12/2021</b>	<b>1</b>	<b>No</b>	<b>N/A</b>	<b>\$47.10</b>
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	2/27/2021	1	No	\$28.39	\$47.10
M0201	COVID-19 VACCINE HOME ADMIN	N/A	6/8/2021	1	No	N/A	\$41.38

M0201 (COVID-19 Vaccine Home Admin) is an add-on code for each dose of a vaccination administered in the home setting. Do not report this code for any place of service other than those considered as in-home.

### Products

Since CMS anticipates that providers will not incur a cost for the products for vaccines initially, CMS will update the payment allowance for the products at a later date. Providers should not bill for the product if they received it for free, thus the following product codes are not covered at this time in the professional fee schedule.

HCPCS/ CPT	Description	Labeler
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna
91303	SARSCOV2 VAC AD26 .5ML IM	Janssen

**For MCO beneficiaries:** Providers should follow instructions provided by the beneficiary's MCO for billing for COVID-19 vaccine administration. MCOs are required to reimburse providers at or above the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-495-7526
- MedStar Family Choice-DC Provider Services: 855-798-4244

### Contact

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for all future updates related to coverage of COVID-19 codes, and for the most up-to-date information on pricing. If you have questions, please contact Amy Xing, Reimbursement Analyst, at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov) or 202-481-3375.

**Cc:** DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Health Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
Medical Society of DC