

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



**Office of the Deputy Director/  
Medicaid Director**

**Transmittal # 20-45**

**TO:** All DC Medicaid Providers

**FROM:** Melisa Byrd  
Senior Deputy Director and State Medicaid Director

**DATE:** December 18, 2020

**SUBJECT: Professional Services Billing Codes and Reimbursement Rates for  
COVID-19 Vaccine Administration**

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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 COVID-19 vaccine administration in the professional fee schedule for fee-for-service providers who bill HCPCS and CPT codes on CMS-1500 claim forms.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for COVID-19 vaccine administration 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 has 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. DHCF reimbursement guidance for providers in other settings such as hospitals, nursing facilities, home health and others will be published in separate transmittals.

**Administration**

HCPCS /CPT	Description	Labeler Name	Effective Date	Max Units	PA Required	Rates
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	12/11/2020	1	No	\$16.94
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	12/11/2020	1	No	\$28.39
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Pending EUA	1	No	\$16.94
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Pending EUA	1	No	\$28.39

**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

**Contact**

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for the most up-to-date information covered codes and 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