

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



**Office of the Deputy Director-Medicaid**

**Transmittal # 21-05**

TO: Hospital Service Providers

FROM: Melisa Byrd  
Senior Deputy Director and State Medicaid Director

DATE: February 8, 2021

SUBJECT: **Hospital 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 inpatient and outpatient hospital settings. This transmittal notifies hospitals of coverage and reimbursement for COVID-19 vaccine administration.

**Billing Codes & Reimbursement**

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) have issued six new HCPCS/CPT codes for COVID-19 Vaccines. 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.

**Hospital Outpatient**

Hospital outpatient services are reimbursed by DC Medicaid by the Enhanced Ambulatory Patient Grouping (EAPG) payment method. The table below provides the estimated EAPG payment amounts, before any applicable discounting and packaging, for all COVID-19 Vaccines covered by DHCF to date.

## Administration

| HCPCS<br>-CPT | Description                            | Labeler<br>Name | Effective<br>Date  | E<br>A<br>P<br>G | EAPG<br>Description           | Impact under EAPG   | UMC<br>Rates | NRH<br>Rates | All<br>Other<br>Hospital<br>Rates |
|---------------|--|-----------------|--------------------|------------------|-------------------------------|---|--------------|--------------|-----------------------------------|
| 0001A         | ADM<br>SARSCOV2<br>30MCG/0.3<br>ML 2ND | Pfizer          | 12/11<br>/2020     | 4<br>5<br>9      | VACCINE<br>ADMINIST<br>RATION | This ancillary EAPG will package when billed with a medical visit or significant procedure. | \$55.17      | \$23.84      | \$54.09                           |
| 0002A         | ADM<br>SARSCOV2<br>30MCG/0.3<br>ML 1ST | Pfizer          | 12/11<br>/2020     | 4<br>5<br>9      | VACCINE<br>ADMINIST<br>RATION | This ancillary EAPG will package when billed with a medical visit or significant procedure. | \$55.17      | \$23.84      | \$54.09                           |
| 0011A         | ADM<br>SARSCOV2<br>100MCG/0.<br>5ML1ST | Moderna         | Pendi<br>ng<br>EUA | 4<br>5<br>9      | VACCINE<br>ADMINIST<br>RATION | This ancillary EAPG will package when billed with a medical visit or significant procedure. | \$55.17      | \$23.84      | \$54.09                           |
| 0012A         | ADM<br>SARSCOV2<br>100MCG/0.<br>5ML2ND | Moderna         | Pendi<br>ng<br>EUA | 4<br>5<br>9      | VACCINE<br>ADMINIST<br>RATION | This ancillary EAPG will package when billed with a medical visit or significant procedure. | \$55.17      | \$23.84      | \$54.09                           |

## 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.

| HCPCS<br>-CPT | Description                            | Labeler<br>Name | EAPG | EAPG<br>Description     | Impact under EAPG   | UMC<br>Rates | NRH<br>Rates | All<br>Other<br>Hospital<br>Rates |
|---------------|--|-----------------|------|-------------------------|---|--------------|--------------|-----------------------------------|
| 91300         | SARSCOV2<br>VAC<br>30MCG/0.3<br>ML IM  | Pfizer          | 414  | LEVEL I<br>IMMUNIZATION | This ancillary EAPG may be subject to repeat ancillary discounting. | \$35.96      | \$15.53      | \$35.25                           |
| 91301         | SARSCOV2<br>VAC<br>100MCG/0.<br>5ML IM | Moderna         | 414  | LEVEL I<br>IMMUNIZATION | This ancillary EAPG may be subject to repeat ancillary discounting. | \$35.96      | \$15.53      | \$35.25                           |

## Hospital Inpatient

Hospital inpatient services are reimbursed by DC Medicaid by the All Patient Refined Diagnosis Related Groups (APR-DRG) payment method. Payment for both the administration and product are included in the APR-DRG payment.

**For MCO Enrollees:** Providers should follow instructions provided by the enrollee's MCO for billing for administration of COVID-19 vaccines. MCOs are required to reimburse providers at 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: 202-467-2737 | Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

**Contact**

DHCF will continue to provide updates to this information as appropriate. If you have questions, please contact Sharon Augenbaum, Reimbursement Analyst, at [Sharon.augenbaum@dc.gov](mailto:Sharon.augenbaum@dc.gov) or 202-442-6082.

**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