

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



Office of the Deputy Director and Medicaid Director

Transmittal # 22-06 (rev. II)

**TO:** All DC Medicaid Providers

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

**DATE:** September 2, 2022

**SUBJECT: Professional Services Billing Codes and Reimbursement Rates for COVID-19 Vaccines – Addition of New Vaccines by Moderna, Novavax and Pfizer.**

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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 # 22-06 \(rev.\): Professional Services Billing Codes and Reimbursement Rates for COVID-19 Vaccines – Addition of New Vaccines](#) issued on May 9, 2022. This update reflects codes and rates for new vaccines and/or boosters by Novavax for the adult population and Pfizer and Moderna for the pediatric population.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for COVID-19 Vaccines are based on the published guidance by the Centers for Medicare & Medicaid Services (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 on or after 3/15/2021	Rates for Claims with Date of Service on or after 1/1/2022
0001A	ADM SARSCOV2 30MCG/0.3ML 1 <sup>ST</sup>	Pfizer	12/11/2020	1	No	\$16.94	\$47.10	\$46.71
0002A	ADM SARSCOV2 30MCG/0.3ML 2 <sup>ND</sup>	Pfizer	12/11/2020	1	No	\$28.39	\$47.10	\$46.71
0003A	ADM SARSCOV2 30MCG/0.3ML 3 <sup>RD</sup>	Pfizer	8/12/2021	1	No	N/A	\$47.10	\$46.71
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Pfizer	9/22/2021	1	No	N/A	\$47.10	\$46.71
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	12/18/2020	1	No	\$16.94	\$47.10	\$46.71
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	12/18/2020	1	No	\$28.39	\$47.10	\$46.71
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	Moderna	8/12/2021	1	No	N/A	\$47.10	\$46.71
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	2/27/2021	1	No	\$28.39	\$47.10	\$46.71
0034A	ADM SARSCOV2 VAC AD26 .5ML B	Janssen	10/20/2021	1	No	N/A	\$47.10	\$46.71
<b>0041A</b>	<b>ADM SARSCOV2 5MCG/0.5ML 1ST</b>	<b>Novavax</b>	<b>7/13/2022</b>	<b>1</b>	<b>No</b>	<b>N/A</b>	<b>N/A</b>	<b>\$46.71</b>
<b>0042A</b>	<b>ADM SARSCOV2 5MCG/0.5ML 2ND</b>	<b>Novavax</b>	<b>7/13/2022</b>	<b>1</b>	<b>No</b>	<b>N/A</b>	<b>N/A</b>	<b>\$46.71</b>
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0054A	ADM SARSCV2 30MCG TRS-SUCR B	Pfizer	9/3/2021	1	No	N/A	\$47.10	\$46.71
0064A	ADM SARSCOV2 50MCG/0.25MLBST	Moderna	10/20/2021	1	No	N/A	\$47.10	\$46.71

0071A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 1	Pfizer	10/29/2021	1	No	N/A	\$47.10	\$46.71
0072A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 2	Pfizer	10/29/2021	1	No	N/A	\$47.10	\$46.71
0073A	ADM SARSCV2 (PEDIATRIC) 10MCG TRS-SUCR 3	Pfizer	1/3/2022	1	No	N/A	N/A	\$46.71
0074A	ADM SARSCV2 (PED) 10MCG TRS-SUCR B	Pfizer	5/17/2022	1	No	N/A	N/A	\$46.71
0081A	ADM SARSCV2 (PED) 3MCG TRS-SUCR 1	Pfizer	6/17/2022	1	No	N/A	N/A	\$46.71
0082A	ADM SARSCV2 (PED) 3MCG TRS-SUCR 2	Pfizer	6/17/2022	1	No	N/A	N/A	\$46.71
0083A	ADM SARSCV2 (PED) 3MCG TRS-SUCR 3	Pfizer	6/17/2022	1	No	N/A	N/A	\$46.71
0091A	ADM SARSCOV2 (PED) 50 MCG/.5 ML1ST	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
0092A	ADM SARSCOV2 (PED) 50 MCG/.5 ML2ND	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
0093A	ADM SARSCOV2 (PED) 50 MCG/.5 ML3RD	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
0094A	ADM SARSCOV2 50 MCG/.5 MLBST	Moderna	3/29/2022	1	No	N/A	N/A	\$46.71
0111A	ADM SARSCOV2 (PED) 25MCG/0.25ML1ST	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
0112A	ADM SARSCOV2 (PED) 25MCG/0.25ML2ND	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
0113A	ADM SARSCOV2 (PED) 25MCG/0.25ML3RD	Moderna	6/17/2022	1	No	N/A	N/A	\$46.71
M0201*	COVID-19 VACCINE HOME ADMIN	N/A	6/8/2021	1	No	N/A	\$41.38	\$41.83

\*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
<b>91304</b>	<b>SARSCOV2 VAC 5MCG/0.5ML IM</b>	<b>Novavax</b>
91305	SARSCOV2 VAC 30 MCG TRS-SUCR	Pfizer
91306	SARSCOV2 VAC 50MCG/0.25ML IM	Moderna
91307	SARSCOV2 (PEDIATRIC) VAC 10 MCG TRS-SUCR	Pfizer
<b>91308</b>	<b>SARSCOV2 (PED)VAC 3 MCG TRS-SUCR</b>	<b>Pfizer</b>
91309	SARSCOV2 VAC 50MCG/0.5ML IM	Moderna
<b>91311</b>	<b>SARSCOV2 (PED) VAC 25MCG/0.25ML IM</b>	<b>Moderna</b>

**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