

To help physicians better understand the guidance on COVID-19 vaccine administration reimbursement, CMA has compiled the following information.

### CPT Guidance

Vaccine administration CPT codes are specific to the manufacturer and the dose.

Manufacturer	National Drug Code	Vaccine Serum Code	1 <sup>st</sup> Admin Code	2 <sup>nd</sup> Admin Code	3 <sup>rd</sup> Admin Code	Booster Code
<b>*Pfizer</b> Age 12+ yrs.	59267-1000-1 59267-1000-01	91300	0001A	0002A	0003A	0004A (booster)
<b>*Pfizer</b> Age 12+ yrs. 30 mcg/0.3 mL dosage, tris - sucrose formulation	59267 -1025 -1 59267 -1025 -01 00069-2025-1 00069-2025-01	91305	0051A	0052A	0053A	0054A
<b>*Pfizer</b> Age 5-11 yrs.	59267-1055-1 59267-1055-01	91307	0071A	0072A	0073A	0074A
<b>*Pfizer</b> Age 6 months-4 yrs.	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	91308	0081A	0082A	0083A	N/A
<b>Pfizer (Bivalent)</b> Age 12 years and older	59267-0304-1 59267-0304-01 59267-1404-1 59267-1404-01	91312	0121A	N/A	N/A	0124A (Add'l dose)
<b>Pfizer (Bivalent)</b> Age 5 years through 11 years	59267-0565-1 59267-0565-01	91315	0151A	N/A	N/A	0154A
<b>Pfizer (Bivalent)</b> Age 6 months-4 yrs	59267-0609-1 59267-0609-01	91317	0171A	0172A	0173A	0174A (Add'l dose)
<b>*Moderna</b> 100 mcg/0.5 mL dosage	80777-273-10 80777-0273-10 80777-100-11 80777-0100-1	91301	0011A	0012A	0013A	N/A
<b>*Moderna</b> Age 6 months-5 yrs. 25 mcg/0.25 mL dosage	80777 -279 -05 80777 -0279 -05	91311	0111A	0112A	0113A	N/A
<b>*Moderna</b> Booster, Age 18+ 50 mcg/0.25 mL dosage	80777-273-10 80777-0273-10	91306	N/A	N/A	N/A	0064A
<b>*Moderna</b> 50 mcg/5 mL dosage	80777-275-05 80777-0275-05	91309	0091A 6-11 years	0092A 6-11 years	0093A 6-11 years	0094A (Age 18+ Only) (booster)
<b>Moderna (Bivalent)</b> 18 years and older	80777-282-05 80777-0282-05	91313	N/A	N/A	N/A	0134A (Add'l dose)
<b>Moderna (Bivalent)</b> 6 years through 11 years	80777-282-05 80777-0282-05	91314	0141A	0142A	N/A	0144A (Add'l dose)
<b>Moderna (Bivalent)</b> Age 6 months-5 yrs.	80777-283-02 80777-0283-02	91316	N/A	N/A	N/A	0164A (Add'l dose)
<b>Janssen</b> (Johnson & Johnson) Age 18 years and older	59676-580-05 59676-0580-05	91303	0031A	N/A	N/A	0034A (booster)
<b>Novavax</b> Age 18 years and older.	80631-100-01 80631-1000-01	91304	0041A	0042A	N/A	0044A (Age 18+ Only)

\*As of April 18, 2023 the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311) are no longer authorized for use in the United States. For additional information please refer to the [Clarification of May 1, 2023 AMA Coronavirus \(SARS-CoV-2\) posting \(PDF\)](#).

## Reimbursement and Billing Information

To help physicians better understand the guidance on COVID-19 vaccine administration reimbursement, CMA has compiled information from the various regulators. This section includes information on billing and reimbursement of administering COVID-19 vaccines.

The federal government purchased the COVID-19 vaccine and it is provided at no cost until the supply runs out to providers who participate in the Centers for Disease Control COVID-19 Vaccination Program. Providers who participate in the program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay and regardless of coverage status, and also may not seek any reimbursement from a vaccine recipient, including for CPT 99072 (PPE, cleaning supplies, disinfecting procedures, clinic time spent on pre-visit screen, etc.). People without health insurance or whose insurance does not cover the vaccine can also receive a COVID-19 vaccine at no cost. Vaccination providers will only be able to be reimbursed for administering the vaccine.

### Medicare Fee-For Service

The Centers for Medicare and Medicaid Services (CMS) will reimburse COVID-19 vaccine administration services for Medicare fee-for-service enrollees through Noridian, the Medicare Administrative Contractor.

**PATIENT COST SHARING** – Not permitted.

**CLAIM SUBMISSION** – To avoid delays or denials in payment, physicians will need to ensure claims for Medicare Fee-For-Service enrollees are submitted directly to Noridian under the patient's Medicare Beneficiary Identification number indicated on their original Medicare ID card.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

**REIMBURSEMENT RATE (ADMINISTRATION)** – \$40 for each dose approved. Non-participating physicians will also be reimbursed at Medicare rates, however, to be eligible for reimbursement, physicians must have Medicare billing privileges. To request provisional privileges during the PHE call (866) 575-4067.

### Medicare Advantage

#### For dates of service prior to January 1, 2022

The Centers for Medicare and Medicaid Services (CMS) carved out the COVID-19 vaccine administration benefit from the Medicare Advantage plans and reimbursed under the Medicare fee-for-service system. Physicians must submit claims for Medicare Advantage directly to Noridian, the Medicare Administrative Contractor (MAC). Claims must be submitted under the patient's Medicare Beneficiary Identification number indicated on their original Medicare ID card.

## PATIENT COST SHARING

- ✦ For dates of service through the end of the federal public health emergency (PHE) on May 11, cost-sharing is not permitted regardless of the provider's network status.

**CLAIM SUBMISSION** – Claims should be submitted to Noridian, the MAC with the patient's original Medicare ID number, rather than the Medicare Advantage ID number.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

### For dates of service on or after January 1, 2022

The Centers for Medicare and Medicaid Services (CMS) has advised that claims for Medicare Advantage enrollees must be submitted directly to the Medicare Advantage Plan for processing and reimbursement.

## PATIENT COST SHARING

- ✦ For dates of service through the end of the federal public health emergency (PHE) on May 11, cost-sharing is not permitted regardless of the provider's network status.
- ✦ For dates of service after the end of the PHE on May 11, MA beneficiaries do not have any cost-sharing for a COVID-19 vaccination if they receive their vaccinations from an in-network provider.

**CLAIM SUBMISSION** – Claims should be submitted directly to the Medicare Advantage Plan for processing and reimbursement.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

**REIMBURSEMENT RATE (ADMINISTRATION)** – In-network physicians will be reimbursed at their contracted rate. Out-of-network providers must be reimbursed at a "reasonable rate," which CMS guidance suggests is the Medicare rate for COVID-19 vaccine administration. Physicians seeking specific billing or reimbursement guidance should visit the plans websites.

For more information, visit the CMS [COVID-19 Vaccine Toolkit](#).

## Medi-Cal Fee-For-Service and Medi-Cal Managed Care

Consistent with the approach taken by Medicare for Medicare Advantage plans, The Department of Health Care Services also carved out the COVID-19 vaccine administration reimbursement from the Medi-Cal managed care system and is reimbursing under the fee-for-service (FFS) delivery system. To avoid delays and denials in payment, physicians will need to ensure claims for COVID-19 vaccine administration **are submitted to Medi-Cal FFS** rather than the Medi-Cal managed care plans. Physicians should follow the Provider Manual for Medi-Cal FFS billing and submit claims with the patient's Medi-Cal Benefit Identification Card (BIC) number rather than the Medi-Cal managed care ID number. Practices can obtain the Mcal FFS BIC ID number with the patient's name and social security number through the online [Automated Eligibility Verification System](#) (AEVS) or by calling (800) 456-AEVS (2387).

**PATIENT COST SHARING** – Not permitted.

**CLAIM SUBMISSION** – Medi-Cal FFS and Medi-Cal managed care claims should be submitted directly to Medi-Cal FFS with the patient’s Medi-Cal FFS ID number, rather than the Medi-Cal managed care plan ID number.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

**REIMBURSEMENT RATE (ADMINISTRATION)** - \$40 for each dose approved. For vaccine-only encounters, FQHCs, RHCs and Tribal RHCs will be reimbursed at \$67/shot retroactive to Nov. 2, 2020. For more information, click [\*\*here\*\*](#).

## **Commercial Plans Regulated by the Department of Managed Health Care (DMHC)**

### **PATIENT COST SHARING**

- + For dates of service through the end of the federal public health emergency (PHE) on May 11, cost-sharing is not permitted regardless of the provider’s network status.
- + Beginning six months after the end of the PHE, services provided by out-of-network providers are subject to cost-sharing.

**CLAIM SUBMISSION** - Bill plan/delegated group as you normally would, unless notified otherwise by plan/delegated group.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

**REIMBURSEMENT RATES** – Per DMHC [\*\*guidance\*\*](#), in-network physicians will be reimbursed at their contracted rate. During the PHE and for the first six months following the end of the PHE, out-of-network providers must be reimbursed at “an amount that is reasonable, as determined in comparison to prevailing market rates for such items or services in the geographic region in which the item or service is rendered,” which DMHC guidance states is at least 125% of the Medicare rate for COVID-19 vaccine administration. Beginning six months after the federal public health emergency expires, updated DMHC [\*\*guidance\*\*](#) states the “reasonable” amount for out-of-network services is at least 100% of the Medicare rate. Physicians seeking specific billing or reimbursement guidance should visit the plans websites:

- + [\*\*Aetna\*\*](#)
- + [\*\*Anthem Blue Cross\*\*](#)
- + [\*\*Blue Shield of California\*\*](#)
- + [\*\*Cigna\*\*](#)
- + [\*\*Health Net\*\*](#)
- + [\*\*UnitedHealthcare\*\*](#)

## **Insurers Regulated by the California Department of Insurance (CDI)**

### **PATIENT COST SHARING**

- + For dates of service through the end of the federal public health emergency (PHE) on May 11, cost-sharing is not permitted regardless of the provider’s network status.
- + Beginning six months after the end of the PHE, services provided by out-of-network providers are subject to cost-sharing. See [\*\*CDI fact sheet\*\*](#) for more information.

**CLAIM SUBMISSION** – Bill insurer as you normally would.

**BILLING** – Because the federal government is supplying the vaccine at no cost, physicians should **not** bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

**REIMBURSEMENT RATES** – In-network physicians will be reimbursed at their contracted rate. Per CDI, out-of-network providers must be reimbursed at "an amount that is reasonable, as determined in comparison to prevailing market rates for such items or services in the geographic region in which the item or service is rendered." While CDI did not provide specific guidance on what constitutes a "reasonable" amount, CMS guidance suggests the Medicare reimbursement rate for COVID-19 vaccine administration is reasonable. Providers seeking specific billing or reimbursement guidance from private payors should visit their websites for more information:

- + [Aetna](#)
- + [Cigna](#)
- + [UnitedHealthcare](#)

## ERISA plans

Prior to the end of the PHE, the CARES Act required self-funded plans to cover the administration of COVID-19 vaccines with no cost share (copayment, coinsurance or deductible) for in- or out-of-network providers. With the end of the PHE on May 11, 2023, self-funded plans may impose **cost sharing** including copayment, coinsurance, or deductible for services provided by out-of-network providers.

## Uninsured Patients

For individuals who are uninsured, providers were previously able to be reimbursed for administering the COVID-19 vaccine through the U.S. Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program. However, on April 5, 2022, the HRSA stopped accepting uninsured vaccination claims due to a lack of sufficient funds. **Any vaccine administration claims submitted after April 5, 2022, will not be adjudicated for payment.**

The DHCS COVID-19 Uninsured Group Program (UIG) for reimbursement of COVID-19 vaccine administration services **ends** on May 31, 2023. Qualified Providers (QPs), participating in the Presumptive Eligibility for Pregnant Women Program, have until May 31, 2023, to submit an application to become qualified for the COVID-19 UIG program allowing reimbursement for services provided during the PHE. After May 31, QPs will still be able to bill for services provided to eligible beneficiaries while the program was in effect. Normal Medi-Cal billing timelines and requirements will apply for services provided during the COVID-19 UIG program, but which are billed after May 31, 2023. For more information, visit the [\*\*DHCS FAQ\*\*](#).

**If you have questions regarding COVID-19 vaccine billing or reimbursement, please contact CMA at [economicsservices@cmadocs.org](mailto:economicsservices@cmadocs.org) or at (888) 401-5911.**