Reimbursement Policy	
Title: Outpatient Drug Treatment and Vaccinations for COVID-19	
Policy Number: RP-PF-450X	**Application:** All Medica Members
Last Updated: 05/31/2023	**Effective Date:** 12/31/2020
Related Policies: COVID-19 Testing	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica's policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

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Summary:

This policy was created to discuss the coverage and reimbursement guidelines around the *Emergency Use Authorization* of the Monoclonal Antibody Drugs for COVID-19 as well as the EUA for the COVID-19 Vaccinations. With May 11, 2023 marking the end of the Public Health Emergency (PHE), the details provided in this policy will serve as informational only.

Policy Statement:

The *Federal Drug Administration (FDA*) issued an Emergency Use Authorization (EUA) for certain Monoclonal Antibody drugs for the treatment of the novel Coronavirus, otherwise known as COVID-19. The FDA has also issued an EUA for certain COVID-19 vaccinations. The EUA allows the infusion treatments provided by Eli Lilly and Regeneron Pharmaceuticals and vaccines provided by Pfizer and Moderna.

Monoclonal Antibody Drug Treatment

The FDA issued an EUA for the use of the investigational monoclonal antibody therapy Bamlanivimab for the treatment of mild-to-moderate COVID-19 in adult and pediatric patients on November 10th, 2020.

Bamlanivimab is authorized for the following use *(Eff: 11/10/2020-4/16/2021 ONLY)*:

- Outpatient use only *and*
- Patients who are 12 years of age and older *with*
- Positive results of direct SARS-CoV-2 viral testing *and*
- Weighing at least 40 kilograms (about 88 pounds), *and*
- Are at high risk for progressing to severe COVID-19 and/or hospitalization

Bamlanivimab **is not authorized for the following:**

- Patients Under the age of 12 years
- Patients who are hospitalized due to COVID-19, *OR*
- Patients who require oxygen therapy due to COVID-19, *OR*
- Patients who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Bamlanivimab must be administered by intravenous (IV) infusion. Bamlanivimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

Clinical fact sheet and dosage information can be found at:
https://www.fda.gov/media/143603/download .

Regeneron

On November 21, the FDA issued an EUA for a combination of two monoclonal antibodies for the treatment of mild-to-moderate COVID-19. The combination of casirivimab and imdevimab, known by the manufacturer name, Regeneron.

Regeneron is authorized for the following use:

- Outpatient use only *and*
- Patients who are 12 years of age and older *with*
- Positive results of direct SARS-CoV-2 viral testing *and*
- Weighing at least 40 kilograms (about 88 pounds), *and*
- Are at high risk for progressing to severe COVID-19 and/or hospitalization

Regeneron **is not authorized for the following:**

- Patients Under the age of 12 years
- Patients who are hospitalized due to COVID-19, *OR*
- Patients who require oxygen therapy due to COVID-19, *OR*
- Patients who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Regeneron must be administered by intravenous (IV) infusion. Regeneron may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

Clinical fact sheet and dosage information can be found at:
https://www.fda.gov/media/145611/download

Bamlanivimab and Etesevimab

On February 9, 2021, the FDA issued an EUA for the use of Bamlanivimab and etesevimab administered together for the treatment of mild to moderate coronavirus disease 2019 (COVID-19).

Bamlanivimab and etesevimab is authorized for the following use:

- Outpatient use only *and*
- Patients who are 12 years of age and older *with*
- Positive results of direct SARS-CoV-2 viral testing *and*
- Weighing at least 40 kilograms (about 88 pounds), *and*
- Are at high risk for progressing to severe COVID-19 and/or hospitalization

Bamlanivimab and etesevimab **is not authorized for the following:**

- Patients Under the age of 12 years
- Patients who are hospitalized due to COVID-19, *OR*
- Patients who require oxygen therapy due to COVID-19, *OR*
- Patients who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Bamlanivimab and etesevimab must be administered by intravenous (IV) infusion. Bamlanivimab and etesevimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

Clinical fact sheet and dosage information can be found at:
https://www.fda.gov/media/145802/download

Sotrovimab

On May 26th, 2021, the FDA issued an EUA for the use of sotrovimab for the treatment of mild to moderate coronavirus disease 2019 (COVID-19).

Sotrovimab is authorized for the following use:

- Outpatient use only *and*
- Patients who are 12 years of age and older *with*
- Positive results of direct SARS-CoV-2 viral testing *and*
- Weighing at least 40 kilograms (about 88 pounds), *and*
- Are at high risk for progressing to severe COVID-19 including hospitalization or death

Sotrovimab **is not authorized for the following:**

- Patients Under the age of 12 years
- Patients who are hospitalized due to COVID-19, *OR*
- Patients who require oxygen therapy due to COVID-19, *OR*
- Patients who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Sotrovimab must be administered by intravenous (IV) infusion. Sotrovimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

Clinical fact sheet and dosage information can be found at:
https://www.fda.gov/media/149534/download

Tixagevimab (AstraZeneca)
On December 8, 2021 the FDA issued an EUA for the use of Tixagevimab co-packaged with cilgavimab, administered as 2 separate consecutive intramuscular injections for pre-exposure prophylaxis of COVID-19.

The FDA authorized the use of this monoclonal antibody combination for the pre-exposure prophylaxis of COVID-19 in adults and pediatric patients (12 years and older weighing at least 40 kg) under these conditions:

- They aren't currently infected with SARS-CoV-2
- They haven't had a known recent exposure to an individual infected with SARS-CoV-2
- One of the following apply:
    - They may not mount an adequate immune response to the COVID-19 vaccine because their immune system is moderately or severely compromised due to a medical condition or because they got immunosuppressive medications or treatments
    - They aren't recommended to get vaccinated with any available COVID-19 vaccine, according to the approved or authorized schedule, due to a history of severe adverse reaction (for example, severe allergic reaction) to a COVID-19 vaccine

Veklury (Remdesivir)
Following the recent statement from the National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel about therapies for the COVID-19 Omicron variant, CMS created HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in an outpatient setting. All payers can use this code, and it is effective for dates of service on or after December 23, 2021.

- J0248 represents 1mg and units should be adjusted to reflect dosage administered for each patient
- Price per unit set as $5.512 (effective from December 23, 2021 to March 31, 2022)

Convalescent Plasma in Outpatient Setting
On December 28, the FDA revised the emergency use authorization for COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies. It is authorized for treatment of COVID-19 in patients with immunosuppressive disease or getting immunosuppressive treatment, in the outpatient or inpatient setting.

CMS created HCPCS code C9507 for COVID-19 convalescent plasma for use in the outpatient setting, effective on or after December 28:

- Long descriptor: Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit
- Short descriptor: COVID-19 convalescent plasma

Bebtelovimab
On February 11, the FDA authorized the emergency use of the monoclonal antibody bebtelovimab for the treatment of mild-to-moderate COVID-19 in adult and pediatric patients when all of these apply:

- They have a positive COVID-19 test result
- They're at high-risk for progression to severe COVID-19

- Alternative COVID-19 treatment options approved or authorized by the FDA aren't accessible or clinically appropriate for them

Clinical fact sheet and dosage information can be found at:
https://www.fda.gov/media/156151/download .

The FDA feels the issuance of these monoclonal antibody therapies may help outpatients avoid hospitalization and alleviate the burden on our health care system.

Medica will follow CMS and CDC guidance to cover the administration of the COVID infusion treatments when furnished consistent with the EUA. Coverage determination is based on the member's line of business. *(See Grid below)*

As of August 15, 2022, the drug manufacturer, Eli Lilly, began their commercial distribution of their COVID-19 monoclonal antibody therapy, bebtelovimab, 175mg. For dates of service on or after August 15th, only bill Medica if you use the commercially purchased products; do not bill for the drug if it is the USG-purchased product. To ensure you are submitting appropriately, you must check the Batch # on the vial; if the batch # is D534422, the product was commercially purchased and can be billed to Medica.

When submitting your claim please continue to bill with the following code sets:

- ***Q0222:** Injection, 175 mg for the product*
- ***M0222:** Intravenous injection, includes injection and post administration monitoring*
- ***M0223:** Intravenous injection, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency.*

**Note: For Medicare LOB, all cost share will be covered through 12/31/2021 but must be billed to original Medicare fee-for-service. For DOS on or after 1/1/22, all Medicare LOB should submit to Medica for processing. For Commercial & IFB INN cost share will be waived through the duration of the PHE. For the Medicaid LOB all INN cost share will be waved until the DHS requirement is lifted. **

Line of Business (LOB)	In Network Coverage	Out-of-Network (OON) Coverage
Commercial and IFB	Yes	Normal benefits, limitations and cost share if applicable
Medicaid	Yes	No
Dual Solutions	Yes	Bill original Medicare Fee-for-Service (FFS)
Medicare Cost (Prime Solutions)	Yes: Bill original Medicare Fee-for-Service (FFS) thru 12/31/2021 *-DOS on or after 1/1/2022 bill Medica*	Yes: Bill original Medicare Fee-for-Service (FFS) thru 12/31/2021 *-DOS on or after 1/1/2022 bill Medica*
Medicare Advantage	Yes: Bill original Medicare Fee-for-Service (FFS) thru 12/31/2021 *-DOS on or after 1/1/2022 bill Medica*	Yes: Bill original Medicare Fee-for-Service (FFS) thru 12/31/2021 *-DOS on or after 1/1/2022 bill Medica*

COVID-19 Monoclonal Antibody Drug Treatments						
Code	**CPT Short Descriptor**	**Labeler Name**	**Procedure Name**	**Payment Allowance through 5/5/2021**	**Payment Allowance on or after 5/6/2021**	**Original Effective Dates**
Q0239	Bamlanivimab-xxxx *Effective 4/16/21 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Injection, bamlanivimab, 700 mg (intramuscular use)	$0.00	$0.00	11/10/2020
M0239	Bamlanivimab-xxxx infusion *Effective 4/16/21 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring.	$310	No longer reimburse for the single use of Bamlanivimab as of *4/16/21*	11/10/2020
Q0240	Casirivi and imdevi 600mg *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	Injection, casirivimab and imdevimab, 600 mg	N/A	$0.00	7/30/2021
M0240	Casiri and imdev repeat *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	N/A	$450.00	7/30/2021
M0241	Casiri and imdev repeat hm *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	N/A	$750.00	7/30/2021
Q0243	Casirivimab and imdevimab *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	Injection, casirivimab and imdevimab, 2400mg	$0.00	$0.00	11/21/2020
Q0244	Casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 1200mg	N/A	$0.00	6/3/2021

	Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.					
M0243	Casirivimab and imdevimab infusion *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	$310	$450.00	11/21/2020
M0244	Casirivimab and imdevimab infusion home *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Regeneron	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	N/A	$750.00	5/6/2021
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Injection, Bamlanivimab and etesevimab, 2100 MG	$0.00	$0.00	2/9/2021
M0245	Intravenous infusion, bamlanivimab and etesevimab *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Intravenous infusion, Bamlanivimab and etesevimab, includes infusion and post administration monitoring	$310	$450.00	2/9/2021
M0246	Bamlanivimab and etesevimab infusion home *Effective 01/24/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	N/A	$750.00	5/6/2021
Q0247	Sotrovimab *Effective 04/05/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	GSK	Injection, sotrovimab, 500 mg	N/A	$0.00	5/26/2021

M0247	Sotrovimab infusion *Effective 04/05/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	GSK	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	N/A	$450.00	5/26/2021
M0248	Sotrovimab infusion, home or residence *Effective 04/05/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	GSK	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	N/A	$750.00	5/26/2021
Q0220	Tixagev and cilgav, 300mg *Effective 01/26/23 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	N/A	$0.00	12/8/2021
Q0221	Tixagev and cilgav, 600mg *Effective 01/26/23 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine	N/A	$0.00	2/24/2022

M0220	Tixagev and cilgav inj *Effective 01/26/23 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	N/A	$150.50	12/8/2021
M0221	Tixagev and cilgav inj hm *Effective 01/26/23 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	N/A	$250.50	12/8/2021
J0248	Injection, remdesivir, 1 mg	VEKLURY™ (remdesivir)	Inj, remdesivir, 1 mg antiviral medication administered in an outpatient setting	N/A	$5.51 per unit	12/23/2021

C9507	COVID-19 convalescent plasma	Fresh Frozen Plasma-COVID-19	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit Short Descriptor: COVID-19 convalescent plasma	N/A	$750.50	12/28/2022
Q0222	Bebtelovimab 175 mg *Effective 11/30/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Injection, bebtelovimab, 175 mg	N/A	95% of AWP or $2394.00 *on or after 8/15/2022*	2/11/2022
M0222	Bebtelovimab injection *Effective 11/30/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	N/A	$350.50	2/11/2022
M0223	Bebtelovimab injection home *Effective 11/30/22 CMS discontinued the use of this drug. No longer eligible for reimbursement.*	Eli Lilly	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	N/A	$550.50	2/11/2022

COVID-19 Vaccinations

The Federal Government has purchased all vaccines and is in charge of the distribution to the States. CMS will provide Medicare coverage without deductible or cost sharing for an FDA issued COVID-19 vaccine and its administration (either under an emergency use authorization (EUA) or licensed under a Biologics License Application (BLA)).

Medica will reimburse for the administration of an FDA-EUA issued and U.S. government provided COVID-19 vaccines. Reimbursement will be made in accordance with applicable state laws and federal provisions, including the CARES Act and CDC guidance, as outlined below:

- Medica will not apply a member cost share (copayment, coinsurance or deductible) for in and out-of-network providers for the administration of a COVID-19 vaccine for all non-Medicare lines of business (LOB). Cost share coverage for OON providers will remain only through the duration of the national public health emergency (PHE) period.

Note:* For Medicare LOB, all cost share will be covered through 12/31/2021 but must be billed to original Medicare fee-for-service. For DOS on or after 1/1/22, all Medicare LOB should submit to Medica for processing.*

- For Commercial & IFB members, Medica will cover, at no cost share to the member, items and services that are integral to the furnishing of the recommended preventive service, regardless of whether the item or service is billed separately.
- Medicare Advantage health plans: Medica will cover, at no cost share to the member, charges for COVID-19 vaccine administration for all Medicare beneficiaries. For DOS thru 12/31/21, providers should submit claims to the Center for Medicare & Medicaid (CMS). For DOS on or after 1/1/2022 Providers should submit claims directly to Medica.
- For Medicare Cost Plans, Medica will waive INN vaccine administration for INN providers. All OON provider must bill Original Medicare FFS.

In-Office Visits

- If a member has a scheduled office visit and the COVID-19 vaccine is administered during that visit, Medica will reimburse for the vaccine administration at no cost share (copayment, coinsurance or deductible) for the member. Charges for the office visit and other services rendered during the visit will be adjudicated according to the member's benefit plan.
- For Commercial & IFB, if the primary purpose of the office visit is for the delivery of the vaccine, then member cost share may not be imposed with respect to the office visit.
- For Medicare Cost Plans, standard benefits and claims processing guidelines will apply for the office visit portion of the claim for INN providers. All OON provider must bill Original Medicare FFS.
- For Medicare Advantage plans, if a member has a scheduled office visit with a health care professional and the COVID-19 vaccine is administered during that visit, the claim will need to be billed in two parts through 12/31/2021:
    - The CMS MAC should be billed for the vaccine administration.
    - Medica should be billed for the office visit and standard benefits and claims processing guidelines will apply.
    - For all claims bill on or after 1/1/2022, providers should submit directly to Medica.

Claim Submission

Providers may submit claims through the member's medical benefit administered by Medica via our standard claims process. If the vaccine is administered through the Pharmacy, Pharmacists should submit their claims through the pharmacy administration platform. For Medicare beneficiaries, providers must submit claims to the CMS MAC.

An out-of-network provider should not bill above the CMS published rates for the administration of the vaccine. Per federal provisions a health care provider may not balance bill or impose cost share on a member for the cost of the vaccine or its administration when the U.S. government provides the vaccine. This applies for both in- and out-of-network providers.

As part of the commitment to increasing access to vaccinations, the Centers for Medicare & Medicaid Services (CMS) announced an additional payment amount for administering in-home COVID-19 vaccinations to Medicare beneficiaries who have difficulty leaving their homes or are otherwise hard-to-reach. This code is effective on or after June 8, 2021 and should be used in-addition-to the primary vaccine administration code.

IMPORTANT: Codes noted with effective dates apply to dates of service on or after the date indicated.

Manufacturer/ Vaccine Description	Vaccine Dose	First Admin	Second Admin	Third Admin	Booster
Janssen (J&J) **Vx Desc:** SARS CoV-2 5x1010 Viral Part 0.5mL **Age:** 18+	91303 *Eff: 2/27/21*	0031A *Eff: 2/27/21*	N/A	N/A	0034A *Eff: 10/20/21*
Moderna **Vx Desc:** SARS CoV-2 BVL 25mcg/0.25mL **Age:** 6 months – 11 years	91314 *Eff: 10/12/22*	0141A *Eff: 4/18/23*	0142A *Eff: 4/18/23*	N/A	N/A
Moderna **Vx Desc:** SARS CoV-2 25mcg/0.25mL **Age:** 6 months – 5 years	91311 *Eff: 6/17/22-4/18/23*	0111A *Eff: 6/17/22-4/18/23*	0112A *Eff: 6/17/22-4/18/23*	0113A *Eff: 6/17/22-4/18/23*	N/A
Moderna **Vx Desc:** SARS CoV-2 50mcg/0.5mL **Age:** 6 – 11 years	91309 *Eff: 3/29/22-4/18/23*	0091A *Eff: 6/17/22-4/18/23*	0092A *Eff: 6/17/22-4/18/23*	0093A *Eff: 6/17/22-4/18/23*	N/A
Moderna **Vx Desc:** SARS CoV-2 100mcg/0.5mL **Age:** 12+	91301 *Eff: 12/18/20-4/18/23*	0011A *Eff: 12/18/20-4/18/23*	0012A *Eff: 12/18/20-4/18/23*	0013A *Eff: 12/18/20-4/18/23*	N/A
Moderna Booster **Vx Desc:** SARS CoV-2 50mcg/0.25mL **Age:** 12 – 17 years	91306 *Eff: 10/20/21-4/18/23*	N/A	N/A	N/A	0064A *Eff: 10/20/21-4/18/23*
Moderna Booster **Vx Desc:** SARS CoV-2 BVL 50mcg/0.5mL **Age:** 18+	91313 *Eff: 8/31/22*	N/A	N/A	N/A	0134A *Eff: 8/31/22*
Moderna **Vx Desc:** SARS CoV-2 50mcg/0.5mL **Age:** 18+	91309 *Eff: 3/29/22-4/18/23*	N/A	N/A	N/A	0094A *Eff: 3/29/22-4/18/23*
Novax **Vx Desc:** SARS CoV-2 5mcg/0.5mL **Age:** 18+	91304 *Eff: 7/13/22*	0041A *Eff: 7/13/22*	0042A *Eff: 7/13/22*	N/A	N/A
Pfizer **Vx Desc:** SARS CoV-2 BVL 3mcg/0.2mL **Age:** 6 months – 4 years	91317 *Eff: 12/8/22*	0171A *Eff: 4/18/23*	0172A *Eff: 4/18/23*	N/A	N/A
Pfizer **Vx Desc:** SARS CoV-2 3mcg/0.2mL **Age:** 6 months – 4 years	91308 *Eff: 6/17/22-4/18/23*	0081A *Eff: 6/17/22-4/18/23*	0082A *Eff: 6/17/22-4/18/23*	0083A *Eff: 6/17/22-4/18/23*	N/A
Pfizer **Vx Desc:** SARS CoV-2 BVL 10mcg/0.2mL **Age:** 5 – 11 years	91315 *Eff: 10/12/22*	0151A *Eff: 4/18/23*	N/A	N/A	N/A
Pfizer **Vx Desc:** SARS CoV-2 10mcg/0.2mL **Age:** 5 – 11 years	91307 *Eff: 10/29/21-4/18/23*	0071A *Eff: 10/29/21-4/18/23*	0072A *Eff: 10/29/21-4/18/23*	0073A *Eff: 1/3/22-4/18/23*	0074A *Eff: 5/17/22-4/18/23*

Pfizer **Vx Desc:** SARS CoV-2 BVL 30mcg/0.3mL **Age:** 12+	91312 *Eff: 8/31/22*	0121A *Eff: 4/18/23*	N/A	N/A	0124A *Eff: 8/31/22*
Pfizer **Vx Desc:** SARS CoV-2 30mcg/0.3mL **Age:** 12+	91300 *Eff: 12/11/20-4/18/23*	0001A *Eff: 12/11/20-4/18/23*	0002A *Eff: 12/11/20-4/18/23*	0003A *Eff: 8/12/21-4/18/23*	0004A *Eff: 9/22/21-4/18/23*
Pfizer **Vx Desc:** SARS CoV-2 30mcg/0.3mL TRS-SUCR **Age:** 12+	91305 *Eff: 1/3/22-4/18/23*	0051A *Eff: 1/3/22-4/18/23*	0052A *Eff: 1/3/22-4/18/23*	0053A *Eff: 1/3/22-4/18/23*	0054A *Eff: 1/3/22-4/18/23*
Administration of COVID-19 vaccine inside patient's home reported only once per individual, per date of service.	Include **M0201** on the claim submission when vaccine is administered at the patient's home. *Eff: 6/8/21*				

Original effective date for the Pfizer and Moderna vaccines was 12/31/2020. Johnson & Johnson (Janssen) original effective date was 2/27/2021.
As of March 4, 2021 Minnesota passed a bill permitting Dentist to administer the COVID vaccines. Below you will find the appropriate codes & pricing:

Code	Description	Effective Date	Reimbursement Rate
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	3/15/2021	$40.00
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	3/15/2021	$40.00
D1703	Moderna Covid-19 vaccine administration - first dose	3/15/2021	$40.00
D1704	Moderna Covid-19 vaccine administration - second dose	3/15/2021	$40.00
D1707	Janssen Covid-19 vaccine administration	3/15/2021	$40.00
D1708	Pfizer-BioNTech Covid-19 vaccine administration -third dose	1/1/2022	$40.00
D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose	1/1/2022	$40.00
D1710	Moderna Covid-19 vaccine administration - third dose	1/1/2022	$40.00
D1711	Moderna Covid-19 vaccine administration - booster dose	1/1/2022	$40.00
D1712	Janssen (Johnson & Johnson) COVID-19 vaccine administration -booster	1/1/2022	$40.00
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric- first dose	1/1/2022	$40.00
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric- second dose	1/1/2022	$40.00

Definitions of *Italicized* Terms:	
EUA	Emergency Use Authorization
FDA	Federal Drug Administration
CDC	Centers for Disease Control
CMS	Centers for Medicare & Medicaid Services
MAC	Medicare Administrative Contractor
Pfizer-BioNTech Covid-19 Vaccine (91300)	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
Pfizer-BioNTech Covid-19 Vaccine Administration	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted

Moderna Covid-19 Vaccine (91301)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
Moderna Covid-19 Vaccine Administration	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
Janssen COVID-19 Vaccine (Johnson & Johnson) 91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use
Janssen COVID-19 Vaccine Administration	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, single dose

References:

- Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction
- Covid-19 NDC-HCPCS crosswalk
- COVID-19 Vaccination Resources at CDC
- COVID-19 CPT vaccine and immunization codes - AMA
- Quick reference guide to the coding structure for Covid-19 vaccine CPT reporting
- Bamlanivimab Emergency Use Authorization
- Casirivimab and imdevimab Emergency Use Authorization (ZIP)
- Fact Sheet for Healthcare Providers - Emergency Use Authorization of Bamlanivimab
- Fact Sheet for Healthcare Providers - Emergency Use Authorization of casirivimab and imdevimab
- COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	12/31/2020

Revision Updates:	
05/31/2023	Updated Vaccine Grid
02/28/2023	Updated Vaccine Grid
10/05/2022	Updated Vaccine Grid
09/15/2022	Pfizer & Moderna Booster Codes Added
07/21/2022	Vaccine List Updated
07/13/2022	Vaccine List Update
07/05/2022	Vaccine List Update
03/02/2022	New Monoclonal Antibodies Added

01/19/2021	New Monoclonal Antibody Added and Coverage Guidelines Updated
11/19/2021	Vaccine Booster Codes Added for All Three Products & Policy Name Update
10/22/2021	New Vaccine Third Dose Codes Added for Pfizer and Moderna
06/24/2021	New Antibody Drug Codes
06/08/2021	At Home Vaccine Administration Code Added
06/02/2021	DHS Rate Increase
05/06/2021	Code Updates
04/20/2021	Dental Codes Added
03/15/2021	CMS Rate Increase
03/09/2021	Antibody Treatment Update (Bamlanivimab and etesevimab)
03/02/2021	Janssen (Johnson & Johnson) Vaccine Addition
01/20/2021	DHS Rate Update
12/24/2020	Policy Creation