



April 25, 2022

Web Announcement 2769

**Attention All Providers:**

**Pfizer COVID-19 Vaccine Code and Administration Codes**

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the Pfizer COVID-19 vaccine procedure code 91305 and the corresponding administration codes listed in Table 1 effective with dates of service on or after January 3, 2022. Prior authorization is not required.

Table 1.

Procedure Code	Description
91305	Pfizer COVID-19 vaccine pre-diluted (gray cap) \$ 0.00 (No charge for vaccine products at this time as it is provided free by the federal government)
0051A	Pfizer COVID-19 vaccine pre-diluted (gray cap) administration - <b>first dose</b>
0052A	Pfizer COVID-19 vaccine pre-diluted (gray cap) administration - <b>second dose</b>
0053A	Pfizer COVID-19 vaccine pre-diluted (gray cap) administration code - <b>third dose</b>
0054A	Pfizer COVID-19 vaccine pre-diluted (gray cap) administration - <b>booster</b>
0073A	Pfizer COVID-19 <b>Pediatric</b> vaccine (orange cap) administration - <b>third dose</b>

The age limit for procedure codes 91305, 0051A, 0052A, 0053A and 0054A is for individuals 12 years old and up. The age limit for 0073A is for individuals 5 through 11 years old.

The following provider types may bill the procedure codes listed in Table 1:

Table 2.

Provider Type	Provider Type Description
12	Hospital, Outpatient
17 specialty 166	Special Clinics: Family Planning
17 specialty 174	Special Clinics: Public Health Clinic
17 specialty 179	Special Clinics: School Based Health Centers (SBHC)
17 specialty 180*	Special Clinics: Rural Health Clinic
17 specialty 181*	Special Clinics: Federally Qualified Health Center (FQHC)
17 specialty 182*	Special Clinics: Indian Health Program
17 specialty 195	Special Clinics: Community Health Clinic, State Health Division
17 specialty 198	Special Clinics: Human Immunodeficiency Virus (HIV)
20	Physician, M.D., Osteopath, D.O.
22	Dentist
24	Advanced Practice Registered Nurse (APRN)
32 specialty 249	Community Paramedicine
47*	Indian Health Services (IHS) and Tribal Clinics
60	School Health Services

74	Nurse Midwife
77	Physician's Assistant

\*PT 17 specialties 180, 181 and 182 and PT 47 providers must bill the vaccine administration codes with modifier Q2. The claim will pay according to the established encounter rate and the vaccine administration code will pay at \$0 as the service is included in the encounter reimbursement.

Claims for the above procedure codes with dates of service on or after January 3, 2022, that were processed on or before April 25, 2022, and denied with error code 3337 (Non-covered procedure due to CMS termination) or error code 4801 (No billing rule for procedure) will be reprocessed automatically. A future remittance advice message will notify providers when the claims are reprocessed.

When claims are reprocessed or released for adjudication, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.