



April 14, 2022

Web Announcement 2759

Attention All Providers:

Reimbursement Rate Update for COVID-19 Vaccine Administration Codes

Effective on claims with dates of service on or after January 1, 2022, the reimbursement rate for the COVID-19 vaccine administration codes listed in Table 1 was reduced to \$40.11 and the rate for procedure code M0201 (Vaccine Administration in Patient’s Home) was increased to \$35.95.

Claims for procedure code M0201 and the codes listed below that were submitted by the impacted provider types and paid the previous rate or denied with error code 4014 (No pricing segment on file) will be reprocessed automatically. The impacted claims had dates of service on or after January 1, 2022, through April 4, 2022, and were processed on or after January 1, 2022, through April 5, 2022. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, 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.

The impacted COVID-19 vaccine administration codes are:

Table 1.

Pfizer Codes
0001A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - 1st dose)
0002A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - 2nd dose)
0003A (Pfizer immunization administration by intramuscular injection of severe acute respiratory syndrome - 3rd dose)
0004A (Pfizer immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose)
0071A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - pediatric 1st dose)
0072A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - pediatric 2nd dose)
Moderna Codes
0011A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - 1st dose)
0012A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - 2nd dose)
0013A (Moderna immunization administration by intramuscular injection of severe acute respiratory syndrome - 3rd dose)
0064A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose)
Janssen Codes
0031A (Immunization administration by intramuscular injection of severe acute respiratory syndrome - single dose)
0034A (Janssen immunization administration by intramuscular injection of severe acute respiratory syndrome - booster dose)

The provider types impacted by these rate changes are:

Table 2.

Provider Type	Provider Type Description
12	Hospital, Outpatient
17 specialty 166	Special Clinics: Family Planning

Provider Type	Provider Type Description
17 specialty 174	Special Clinics: Public Health Clinic
17 specialty 179	Special Clinics: School Based Health Centers (SBHC)
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 Nurses (APRN)
32 specialty 249	Community Paramedicine
60	School Health Services
74	Nurse Midwife
77	Physician's Assistant

Please review the COVID-19 General Billing Guide, the COVID-19 Community-Based Testing & Vaccination Billing Guide and the Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide for billing instructions. All Nevada Medicaid Fee-for-Service billing guides, including the COVID-19 billing guides, can be found on the Providers Billing Information webpage at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.