



November 23, 2022

Web Announcement 2946

Attention All Providers:

Pfizer and Moderna COVID-19 Booster Vaccine and Administration Codes

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the Pfizer and Moderna COVID-19 booster vaccine and administration codes listed in Table 1 below effective with dates of service on or after August 31, 2022. Prior authorization is not required.

The procedure codes and descriptions of the procedure codes are shown below.

Table 1.

Procedure Code	Description
91312	Pfizer, BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (gray cap)
0124A	Pfizer, BioNTech COVID-19 Vaccine, Bivalent (gray cap) Administration - Booster Dose
91313	Moderna COVID-19 Vaccine, Bivalent Product (Aged 18 years and older) (dark blue cap with gray border)
0134A	Moderna COVID-19 Vaccine, Bivalent (Aged 18 years and older) (dark blue cap with gray border) Administration - Booster Dose

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.
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 procedure codes 91312, 0124A, 91313 and 0134A submitted by the provider types listed above with the details listed below may be reprocessed automatically, if needed:

- Claims with a date of service on or after August 31, 2022, that processed prior to October 31, 2022, and denied with error code 4032 (Procedure code not on file).
- Claims with a date of service prior to August 31, 2022, that processed after October 31, 2022, and denied with error code 4046 (Procedure code not effective for date of service).
- Claims with a date of service on or after August 31, 2022, that processed on or after August 31, 2022, through October 31, 2022, and denied with the following error codes:
 - error code 4801 (No billing rule for procedure)
 - error code 4149 (Billing provider type/provider specialty restriction on procedure billing rule)
 - error code 4150 (Performing/facility provider type/provider specialty restriction procedure billing rule)
 - error code 4871 (Claim type restriction on procedure billing rule)

Results of any reprocessed claims will appear on a future remittance advice.

When the above claims are reprocessed, claims submitted for the above procedure codes on or after November 21, 2022, will suspend with error code 853 (HCPCS – annual update – suspend claims) and will be released for adjudication at a later date.

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.

For additional COVID-19 information, please see the Division of Health Care Financing and Policy (DHCFP) COVID-19 webpage at: <https://dhcfp.nv.gov/covid19/>. A Member Outreach page is now available with resources related to COVID-19 that providers and partners can distribute to members. The page is available at: <https://dhcfp.nv.gov/Pgms/CPT/COVID-19/MemberOutreach/>

As a reminder, anyone can sign up to receive emails directly from Nevada Medicaid about a variety of topics. ListSrvs are available for members and providers [here](#).