



January 3, 2023

Web Announcement 2973

**Attention All Providers:**

## **COVID-19 Booster Vaccine and Administration Codes Opened or Age Limitations Modified**

The U.S. Food and Drug Administration (FDA) has issued emergency use authorizations (EUAs) and changes for the COVID-19 booster vaccine and administration codes listed below.

The Moderna and Pfizer COVID-19 booster vaccine and administration codes in Table 1 are effective with dates of service on or after October 12, 2022. Prior authorization is not required.

Table 1.

<b>Procedure Code</b>	<b>Description</b>
91314	Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years through 11 years) (Dark blue cap with gray border)
0144A	Moderna COVID-19 Vaccine, Bivalent (Aged 6 years through 11 years) (Dark blue cap with gray border) Administration - Booster Dose
91315	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange cap)
0154A	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 through 11 years) (Orange cap) Administration - Booster Dose

The Novavax booster administration procedure code listed in Table 2 has been released with an EUA effective date of October 19, 2022, for ages 18 and older. Prior authorization is not required.

Table 2.

<b>Procedure Code</b>	<b>Description</b>
0044A	Novavax Covid-19 Vaccine, Adjuvanted (aged 18 and older) Administration - Booster Dose

The age limitation for the following Moderna procedure codes have been updated to start with age 12 with an effective date of October 12, 2022.

Table 3.

<b>Procedure Code</b>	<b>Description</b>
91313	Moderna COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (dark blue cap with gray border)
0134A	Moderna COVID-19 Vaccine, Bivalent (Aged 12 years and older) (dark blue cap with gray border) Administration - Booster Dose

The following provider types may bill the procedure codes listed in Tables 1, 2 and 3:

Table 4.

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.

The following claims submitted by the provider types listed in Table 4 may be released or reprocessed automatically at a later date, if needed.

- Claims for procedure codes 91314, 0144A, 91315 and 0154A with dates of service on or after October 12, 2022, through claims processed prior to January 2, 2023, that suspended will be released at a later date.
  - Claims submitted with dates of service on or after October 12, 2022, that processed prior to November 18, 2022, and denied will be reprocessed automatically at a later date.
- Claims for procedure code 0044A with dates of service on or after October 19, 2022, through claims processed prior to January 2, 2023, that suspended will be released at a later date.
  - Claims submitted with dates of service on or after October 19, 2022, that processed prior to November 18, 2022, and denied will be reprocessed automatically at a later date.
- Claims for procedure codes 91313 and 0134A for recipients ages 12 through 17 with dates of service on or after October 12, 2022, through claims processed prior to January 2, 2023, that denied will be reprocessed automatically at a later date.

For all of the above procedure codes, claims submitted on or after November 19, 2022, that suspended with error code 853 (HCPCS – annual update – suspend claims) will be released 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://dhcfnv.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://dhcfnv.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](#).