



COVID-19 Vaccine Coverage Requirements and Preliminary Payment Guidance

The federal government is buying and distributing the COVID-19 vaccine at no cost to physician practices, health systems, or other vaccine providers. As a result, Medicare, Medicaid, and private payers will not pay for the vaccine supply itself for the foreseeable future. The following summary outlines requirements for various payers to cover vaccine administration and other related services, both during the public health emergency (PHE) and after it ends.

Medicare Coverage

All Medicare beneficiaries should be able to receive a COVID-19 vaccine, whether it receives emergency use authorization or full licensure, without cost-sharing:

- Fee-for-service Medicare will cover vaccine administration without cost-sharing.
- Medicare Advantage plans are required to cover vaccine administration without cost-sharing. Since fee-for-service Medicare will cover the cost of vaccine administration for Medicare Advantage plans in 2020 and 2021, physicians will submit claims to their respective Medicare Administrative Contractor using the product-specific CPT codes for each vaccine.

**Please see the following page for Medicare coding and payment guidance*

Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Coverage

State Medicaid agencies are required to cover COVID-19 vaccine administration, regardless of how the vaccine is approved by the FDA, at no cost to most Medicaid beneficiaries for the duration of the PHE and through the end of the quarter in which the PHE ends:

- States are required to cover vaccine administration without cost-sharing for adults and children covered under traditional Medicaid and Medicaid expansion eligibility groups.
- States are not required to cover vaccine administration for eligibility groups that receive limited benefit packages (such as patients only eligible for family planning benefits). These beneficiaries will be considered uninsured and physicians will be eligible for payment through the [Provider Relief Fund](#).
- States are not required to provide coverage for vaccine administration for adults or pregnant women insured through separate CHIPs. However, states are always required to provide ACIP-recommended vaccines for children enrolled in separate CHIPs.
- BHPs include coverage for all ACIP-recommended vaccines without cost-sharing.

After the end of the PHE, Medicaid coverage will vary by state and enrollment category.

For more information, please refer to the [CMS Toolkit](#).

Private Payer Coverage

Many private payers are required to cover the COVID-19 vaccine administration without imposing any cost-sharing. Payers must cover the vaccine and its administration regardless of the type of FDA approval.

- During the PHE, payers must cover vaccine administration without cost-sharing for patients in non-grandfathered group and individual plans, whether the vaccine is administered by an in-network or out-of-network clinician or other vaccine provider. Practices that received the vaccine from the federal government are prohibited from balance billing patients.
- For 2020 and 2021, the vaccine and its administration for Medicare Advantage (MA) beneficiaries will be paid through the original Medicare fee-for-service program. Physicians will submit claims to their respective [Medicare Administrative Contractors](#) using the product-specific CPT codes for each vaccine.

Grandfathered, short term, and other plans are not required to cover vaccine administration.

For more information, please refer to the [Toolkit on COVID-19 Vaccine: Health Insurance Insurers and Medicare Advantage Plans](#).

Coding and Payment

Vaccine product codes are available for the Pfizer, Moderna, and Janssen vaccines. Additional codes will be released as more products are approved. Each individual vaccine product will have its own vaccine and administration codes. Both the Pfizer and Moderna vaccines has two administration codes to indicate each dose. **The administration codes include counseling, when performed.** CPT codes 90460-90474 will not be used for the administration of a COVID-19 vaccine.

The American Medical Association (AMA) has developed a [lookup tool](#) to assist physicians in identifying the appropriate COVID-19 vaccine code.

| Manufacturer | Vaccine Code | Description | Administration Code(s) |
|--------------|--------------|--|--|
| Pfizer | 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 | <ul style="list-style-type: none"> • 0001A (1st dose) • 0002A (2nd dose) |
| Moderna | 91301 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use | <ul style="list-style-type: none"> • 0011A (1st dose) • 0012A (2nd dose) |
| Janssen | 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, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use | <ul style="list-style-type: none"> • 0031A (single-dose vaccine) |

Per the *CMS Toolkit* referenced above, Medicare payment rates for COVID-19 vaccine administration will be approximately \$40 to administer single-dose vaccines. For a COVID-19 vaccine requiring a

series of two or more doses, Medicare will pay approximately \$40 for each dose in the series. These rates will be geographically adjusted.

If you administer the vaccine during a significant, separately identifiable evaluation and management (E/M) service, such as an office visit, and you document the work of that E/M service, you may report an E/M code in addition to the codes for the vaccine (if applicable) and its administration. Be sure to append modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service) to the E/M code in this situation. The usual cost-sharing will apply to the E/M service in this case.