



New York State Medicaid Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines

Updates as of 9/27/2023 are highlighted in yellow.

This guidance has been superseded as of September 11, 2023. Updated guidance for coverage and billing of COVID-19 vaccines can be found at: https://www.health.ny.gov/health_care/medicaid/covid19/guidance/mc_policy-billing_guide.htm

- [Guidance](#) is also available in Portable Document Format (PDF)

This guidance sets forth New York State (NYS) Medicaid's reimbursement policy for the administration of COVID-19 vaccines approved by the FDA or authorized for emergency use and instructions for providers to bill the cost of administration of authorized COVID-19 vaccine. Information about vaccines receiving EUA by the FDA can be found on the [COVID-19 Vaccines web page](#).

NY Medicaid's policy for the administration of COVID-19 vaccine will continue to remain in effect in accordance with the [Public Readiness and Emergency Preparedness Act](#) (PREP Act). As additional COVID-19 vaccines become available under an EUA, or are otherwise approved by the FDA, this billing guidance will be updated as needed.

I. NYS Medicaid Coverage Policy

This coverage policy applies to both Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC).

A. NYS Medicaid Will Not Reimburse for the Cost of COVID-19 Vaccine

1. Payment will not be made to NYS Medicaid providers for the cost of COVID-19 vaccine because the vaccine is available at no cost to providers. Providers must not bill the Current Procedural Terminology (CPT) code for the vaccine.
 2. In order to obtain COVID-19 vaccine at no cost, Medicaid enrolled providers must be legally authorized to administer the vaccine and also enroll as COVID-19 vaccine providers with the Centers for Disease Control and Prevention (CDC), the NYS Department of Health Bureau of Immunization, **or** the NYC Department of Health and Mental Hygiene (NYCDOHMH) Bureau of Immunization. Such providers are considered qualified providers by the Medicaid program for the purpose of COVID-19 vaccine administration.
 3. For information on how to enroll in the NYS COVID-19 Vaccination Program and how to register for the NYSIIS or CIR, please visit [COVID-19 Vaccine Information for Providers](#).
 4. Note that this program is distinct from the Vaccines for Children (VFC) Program and separate enrollment is required.
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B. Reimbursement for Administration of Authorized COVID-19 Vaccines

1. The NYS Medicaid program, including the Medicaid FFS program and MMC, will reimburse NYS Medicaid enrolled and qualified providers for the administration of COVID-19 vaccines that have been issued an EUA by the FDA for the prevention of COVID-19.
2. Reimbursement for administration of COVID-19 vaccines may be based on a patient-specific order or non-patient specific order ("standing order"). These orders must be kept on file by the provider. Standing orders enable assessment and vaccination of the patient without the need for clinician examination or a patient-specific order from the attending provider at the time of the patient interaction. For more information, please see:
 - o [Practice Alerts and Guidelines](#)
 - o [Letter to Pharmacists Administering COVID-19 Vaccine](#) (PDF) - 12.15.2020
3. The ordering provider's National Provider Identifier (NPI) is required on the Medicaid claim. Ordering providers, including MMC network providers, are required to be enrolled in the NYS Medicaid program (**except pharmacists.**)
4. Providers are prohibited from charging Medicaid members a co-payment or any cost sharing responsibility for the COVID-19 vaccine or the administration of the COVID-19 vaccine.

5. Providers must not bill NYS Medicaid for the administration of the COVID-19 vaccine to members who are also enrolled in Medicare. Dually eligible enrollees will continue to access full coverage of immunization services through Medicare.
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C. Coverage of Preventative Counseling for the COVID-19 Vaccine

Effective May 12, 2023, New York State (NYS) Medicaid fee-for-service (FFS), Medicaid Managed Care (MMC) Plans [including mainstream MMC Plans, and HIV (Human Immunodeficiency Virus) Special Needs Plans (SNPs)], will continue to provide reimbursement for Coronavirus Disease 2019 (COVID-19) vaccine counseling to Medicaid FFS and MMC plan members under age 21 to encourage the administration of the COVID-19 vaccine.

Effective May 12, 2023, COVID-19 vaccine counseling for Medicaid FFS and MMC [including mainstream MMC Plans, Health and Recovery Plans (HARPs), and HIV (Human Immunodeficiency Virus) Special Needs Plans (SNPs)], members age 21 and older will no longer be reimbursed as a stand-alone service. Reimbursement for COVID-19 vaccine counseling is included in an Evaluation and Management (E&M) visit for Medicaid FFS & MMC Plan members age 21 and older.

The updated COVID-19 vaccine counseling guidance document [Updated Coverage Criteria for COVID-19 Vaccine Counseling](#) can be found on the [COVID-19 Guidance for Medicaid Providers](#) webpage.

II. NYS Medicaid FFS Billing Instructions and Fees

The following billing instructions and fees apply to Medicaid FFS.

A. Qualified Hospital Outpatient Departments, Federally Qualified Health Centers (including School Based Health Centers designated as Federally Qualified Health Centers), Office-Based Practitioners, and Ambulance Providers

1. NYS Medicaid enrolled hospital outpatient departments, free-standing diagnostic and treatment centers (D&TCs), Federally Qualified Health Centers (FQHCs), School Based Health Centers designated as an FQHC (SBHC/FQHC), private office-based practitioners, and ambulance providers can bill NYS Medicaid for COVID-19 vaccine

administration administered to NYS Medicaid FFS members in accordance with [Table 1](#) below.

Table 1

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0001A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 1st Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0002A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 2nd Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0003A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
0004A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - Booster Dose	N/A	9/22//2021	\$40.00	9/22/2021 through 8/31/22
0011A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 1st Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0012A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 2nd Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0013A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
0031A	Janssen - ADM SARSCOV2 VAC AD26 .5ML	\$13.23	2/27/2021-3/31/2021	\$40.00	4/1/2021 through 5/7/2023
0034A	Janssen - ADM SARSCOV2 VAC AD26 .5ML - Booster Dose	N/A	10/20/2021	\$40.00	10/20/2021through 5/7/2023
0041A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 1st Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0042A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 2nd Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023
0044A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - Booster Dose	N/A	10/19/2022	\$40.00	10/19/2022 through 9/12/2023
0051A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 1st Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0052A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 2nd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0053A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 3rd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0054A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - Booster Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 8/31/2022
0064A	Moderna - ADM SARSCOV2 50MCG/0.25ML - Booster Dose	N/A	10/20/2021	\$40.00	10/20/2021 through 8/31/2022
0071A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 1st Dose	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023
0072A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 2nd Dose	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023
0073A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 3rd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0074A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - Booster Dose	N/A	5/17/2022	\$40.00	5/17/2022 through 10/12/2022
0081A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0082A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0083A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0091A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0092A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0093A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0094A	Moderna - ADM SARSCOV2 50MCG/0.5ML - Booster Dose	N/A	3/29/2022	\$40.00	3/29/2022 through 8/31/2022
0111A	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos - 5yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0112A	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos - 5yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0113A	Moderna - ADM SARSCOV2 25MCG/0.25ML (6mos-5yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0121A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML – 1st Dose	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0124A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML - Additional Dose	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
0134A	Moderna - ADM SARSCOV2 Bivalent - 50MCG/0.25ML - Additional Dose	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
0141A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 1st Dose (6mos - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0142A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 2nd Dose (6mos - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0144A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – Additional Dose (6mos - 11yrs)	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023
0151A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML – 1st Dose (5 - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0154A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML - Additional Dose (5 - 11yrs)	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0164A	Moderna - ADM SARSCOV2 Bivalent - 10MCG/0.2ML – Additional Dose (6mos - 5yrs)	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023
0171A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 1st Dose (6mos - 4yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0172A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 2nd Dose (6mos - 4yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0173A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML - 3rd Dose (6mos - 4yrs)	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023
0174A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – Additional Dose (6mos - 4yrs)	N/A	3/14/2023	\$40.00	3/14/2023 through 9/12/2023

NOTE: Practitioner and Ordered Ambulatory claims submitted prior to June 1, 2021 for dates of service on or after April 1, 2021 that were paid at \$13.23 will be automatically reprocessed at the new \$40.00 administration fee. Providers do not need to submit claim adjustments.

2. Hospital outpatient departments, D&TCs, and FQHCs should bill an ordered ambulatory claim for COVID-19 vaccine administration.
Note: SBHC/FQHCs providing COVID-19 vaccine administration to Medicaid FFS and Managed Care members will be required to append the "HA" modifier to the appropriate vaccine administration CPT code from **Table 1** above.
3. Office-based practitioners should bill a professional claim for COVID-19 vaccine administration.
4. The COVID-19 vaccine administration CPT codes above include the actual work of administering the vaccine, including all necessary counseling provided to patients and/or caregivers for the dose administered, required vaccination reporting, and updating of electronic records. See section C above regarding COVID-19 vaccine counseling.

5. NYS Medicaid enrolled providers, if within their scope of practice, can bill an Evaluation and Management (E&M) visit on the same day as the COVID-19 vaccine administration, when additional services are provided that are beyond the components represented in the COVID-19 vaccine administration code, and when all of the key components of the E&M code have been provided and documented.
 6. Hospital outpatient departments, D&TCs, and FQHCs providing comprehensive clinic services in addition to and beyond the scope of the COVID-19 vaccine administration service (see #4 & #6 above) can bill an appropriate APG or PPS claim for the medical services provided and can bill a separate ordered ambulatory claim for the COVID-19 vaccine administration.
 7. When the only service provided is the COVID-19 vaccine administration, only an ordered ambulatory claim for the vaccine administration can be submitted.
 8. Ambulance providers have been assigned Category of Service code (COS) "0282" and should bill a professional claim using the COVID-19 vaccine administration codes in Table 1. Ambulance provider claims for COVID-19 vaccine administration should be identified as a non-emergency service by reporting the "Emergency Indicator" as "N" No prior approval/prior authorization is required.
NOTE: As of June 25, 2021, with the expiration of the New York State Declared Disaster Emergency, ambulance providers may only bill for Covid-19 vaccinations administered by paramedics.
 9. Medicaid providers administering a COVID-19 vaccine to Medicaid members with Family Planning only coverage should bill a separate claim for COVID-19 vaccine administration using ICD-10 diagnosis code **Z23 (encounter for immunization)** as the primary diagnosis on the claim with the appropriate COVID-19 vaccine administration CPT code from **Table 1** representing the COVID-19 vaccine administered.
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B. Qualified Pharmacies

The following billing instructions and fees apply to the Medicaid FFS program.

1. Pharmacies affiliated with a point-of-dispensing (POD) site, such as a skilled nursing facility, residential facility, or mobile vaccination site must have the pharmacy operating site enrolled with NYS Medicaid FFS.

The pharmacy must submit via NCPDP D.0, in the Claim Segment field 436-E1 (Product/Service ID Qualifier), a value of "09" (HCPCS), which qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code. In field 407-D7 (Product/Service ID), enter the Procedure code from [Table 2](#) for the appropriate vaccine administration. For example, submit the claim line with the Procedure code "0001A" (Immunization Administration). Do not submit another claim line for the vaccine

procedure code as the vaccine is being provided free of charge. Pharmacies will bill with a quantity of "1" and a day supply of "1".

NOTE: Authorized pharmacy personnel may provide the COVID-19 vaccine to persons ages three and older in accordance with the PREP Act.

NCPDP D.0 Claim Segment Field	Value
436-E1 (Product/Service ID Qualifier)	Value of "09" (HCPCS), which qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code
407-D7 (Product/Service ID)	Enter an applicable procedure code listed in Table 2
442-E7 (Quantity Dispensed)	Enter the value of "1" for the procedure administration code in Table 2
405-D5 (Day Supply)	Enter the value of "1"

Refer to the [NCPDP D.0 Companion Guide](#).

Table 2

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0001A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 1st Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0002A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 2nd Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0003A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
0004A	Pfizer-BioNTech - ADM SARSCOV2 30MCG/0.3ML - Booster Dose	N/A	9/22//2021	\$40.00	9/22/2021 through 8/31/2022
0011A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 1st Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0012A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 2nd Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0013A	Moderna - ADM SARSCOV2 100MCG/0.5ML - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
0031A	Janssen - ADM SARSCOV2 VAC AD26 .5ML	\$13.23	2/27/2021-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
0034A	Janssen - ADM SARSCOV2 VAC AD26 .5ML - Booster Dose	N/A	10/20/2021	\$40.00	10/20/2021 through 4/18/2023
0041A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 1st Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023
0042A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 2nd Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023
0044A	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - Booster Dose	N/A	10/19/2022	\$40.00	10/19/2022 through 9/12/2023
0051A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 1st Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0052A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 2nd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0053A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - 3rd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0054A	Pfizer-BioNTech - ADM SARSCOV2 30MCG TRS-SUCR - Booster Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 8/31/2022
0064A	Moderna - ADM SARSCOV2 50MCG/0.25ML - Booster Dose	N/A	10/20/2021	\$40.00	10/20/2021 through 8/31/2022
0071A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 1st Dose	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023
0072A	Pfizer-BioNTech - ADM SARSCOV2	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
	10MCG/0.2ML Trs-Sucr (ages 5-11) - 2nd Dose				
0073A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 3rd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
0074A	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - Booster Dose	N/A	5/16/2022	\$40.00	5/17/2022 through 10/12/2022
0081A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0082A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0083A	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0091A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0092A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0093A	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0094A	Moderna - ADM SARSCOV2 50MCG/0.5ML - Booster Dose	N/A	3/29/2022	\$40.00	3/29/2022 through 8/31/2022
0111A	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos - 5yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0112A	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos - 5yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0113A	Moderna - ADM SARSCOV2 25MCG/0.25ML (6mos-5yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
0121A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML – 1st Dose	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0124A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML – Additional Dose	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
0134A	Moderna - ADM SARSCOV2 Bivalent - 50MCG/0.25ML - Additional Dose	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
0141A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 1st Dose (6mos - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0142A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 2nd Dose (6mos - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0144A	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – Additional Dose (6mos - 11yrs)	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023
0151A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML – 1st Dose (5 - 11yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0154A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML - Additional Dose (5 - 11yrs)	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023
0164A	Moderna - ADM SARSCOV2 Bivalent - 10MCG/0.2ML - Additional Dose (6mos - 5yrs)	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023
0171A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 1st Dose (6mos - 4yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023

CPT Code	Manufacturer & COVID-19 Vaccine Administration CPT Code Short Descriptions	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
0172A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 2nd Dose (6mos - 4yrs)	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
0173A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML - 3rd Dose (6mos - 4yrs)	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023
0174A	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – Additional Dose (6mos - 4yrs)	N/A	3/14/2023	\$40.00	3/14/2023 through 9/12/2023

NOTE: Pharmacy claims for dates of service on or after April 1, 2021 that were submitted prior to June 1, 2021 and were paid \$13.23 will be automatically reprocessed by eMedNY and will pay the \$40.00 administration fee. Providers do not need to submit claim adjustments. * If a claim was denied for the administration of a 3rd dose prior to 8/23/2021, the pharmacy will need to re-submit the claim for reimbursement.

2. Please see the [July 2020 Medicaid Update](#) for further guidance on origin code and serial number values that must be submitted on the claim for "Pharmacy dispensing" when applicable for non-patient specific orders. In the origin code use "5" and the corresponding serial number of "99999999" for "Pharmacy dispensing" when applicable for non-patient specific orders.

NCPDP D.0 Claim Segment Field	Value
444-E9 (Pharmacist ID)	Enter Pharmacist NPI number
411-DB (Prescriber ID)	Please leave blank

[Updates to procedure codes](#) will be available.

C. Qualified Other Rate-Based Providers

The following billing instructions and fees apply to Medicaid FFS.

1. The provider types listed below may bill Medicaid FFS and MMC plans for administration of authorized COVID-19 vaccine when administered by provider or facility staff to Medicaid members in a residential or other institutional setting.

2. The administration fee is in addition to the rate (i.e. per diem, per visit, per hour) reimbursed to the provider and must be billed to Medicaid separately.
3. Rate-based providers may also bill for COVID-19 vaccine administration on a stand-alone claim when other services are not provided.
4. The providers identified below have been enrolled under COS 0268 and will be issued the rate codes identified in [Table 3](#) below for billing purposes:
 - o Skilled Nursing Facilities (SNFs)
 - o Certified Home Health Agencies (CHHAs)
 - o Hospice
 - o Adult Day Health Care (ADHC)
 - o Inpatient Hospitals
 - o Voluntary Foster Care Agencies (VFCAs)
 - o Assisted Living Programs (ALPs)
5. Rate-based providers administering a COVID-19 vaccine to Medicaid members with Family Planning only coverage should bill a separate claim for COVID-19 vaccine administration using the appropriate rate code representing the COVID-19 vaccine administered from [Table 3](#) representing the COVID-19 vaccine administered with ICD-10 diagnosis code **Z23 (encounter for immunization)** as the primary diagnosis on the claim **and** the appropriate COVID-19 vaccine administration CPT code representing the COVID-19 vaccine administered from **Table 2**.

Table 3

Rate Code	Rate Code Description	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
5497	PFIZER - COVID-19 Vaccine Administration - 1st Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
5498	PFIZER - COVID-19 Vaccine Administration - 2nd Dose	\$13.23	12/11/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
5508	PFIZER - COVID-19 Vaccine Administration - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
5514	PFIZER - COVID-19 Vaccine Administration - Booster Dose - 0004A	N/A	9/22//2021	\$40.00	9/22/2021 through 8/31/2022
5499	MODERNA - COVID-19 Vaccine Administration - 1st Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023

Rate Code	Rate Code Description	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
5500	MODERNA - COVID-19 Vaccine Administration - 2nd Dose	\$13.23	12/18/2020-3/31/2021	\$40.00	4/1/2021 through 4/18/2023
5509	MODERNA - ADM SARSCOV2 100MCG/0.5ML - 3rd Dose	N/A	8/12//2021	\$40.00	8/12/2021 through 4/18/2023
5507	JANSSEN - COVID-19 Vaccine Administration	\$13.23	2/27/2021-3/31/2021	\$40.00	4/1/2021 through 5/7/2023
5519	JANSSEN - COVID-19 Vaccine Administration - Booster Dose	N/A	10/20/2021	\$40.00	10/20/2021 through 5/7/2023
5570	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 1st Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023
5571	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - 2nd Dose	N/A	7/13/2022	\$40.00	7/13/2022 through 9/12/2023
5584	Novavax - ADM SARSCOV2 VAC 5MCG/0.5ML - Booster - 0044A	N/A	10/19/2022	\$40.00	10/19/2022 through 9/12/2023
5510	Pfizer - COVID VAC (TRS-SUC) - DOSE 1 - 0051A	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
5511	Pfizer - COVID VAC (TRS-SUC) - DOSE 2 - 0052A	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
5512	Pfizer - COVID VAC (TRS-SUC) - DOSE 3 - 0053A	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
5513	Pfizer - COVID VAC (TRS-SUC) - BOOSTER - 0054A	N/A	1/3/2022	\$40.00	1/3/2022 through 8/31/2022
5515	MODERNA - ADM SARSCOV2 50MCG/0.25ML - Booster Dose - 0064A	N/A	10/20/2021	\$40.00	10/20/2021 through 8/31/2022
5516	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 1st Dose	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023

Rate Code	Rate Code Description	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
5517	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 2nd Dose	N/A	11/03/2021	\$40.00	11/03/2021 through 4/18/2023
5540	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) - 3rd Dose	N/A	1/3/2022	\$40.00	1/3/2022 through 4/18/2023
5542	Pfizer-BioNTech - ADM SARSCOV2 10MCG/0.2ML Trs-Sucr (ages 5-11) Booster Dose - 0074A	N/A	5/16/2022	\$40.00	5/17/2022 through 10/12/2022
5556	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 1st Dose - 0081A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5557	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 2nd Dose - 0082A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5558	Pfizer-BioNTech - ADM SARSCOV2 3MCG/0.2ML Trs-Sucr (ages 6mos-4yrs) - 3rd Dose - 0083A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5567	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 1st Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5568	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 2nd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5569	Moderna - ADM SARSCOV2 50MCG/0.5ML (6yrs - 11yrs) - 3rd Dose	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
6118	Moderna - ADM SARSCOV2 50MCG/0.5ML - Booster Dose - 0094A	N/A	3/29/2022	\$40.00	3/29/2022 through 8/31/2022
5559*	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos-5yrs) - 1st Dose - 0111A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023

Rate Code	Rate Code Description	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
5560*	Moderna - ADM SARSCOV2 25MCG/0.25ML (ages 6mos-5yrs) - 2nd Dose - 0112A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
5566	Moderna - ADM SARSCOV2 25MCG/0.25ML - (6mos - 5yrs) - 3rd Dose - 0113A	N/A	6/17/2022	\$40.00	6/17/2022 through 4/18/2023
6121	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML – 1st Dose - 0121A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
5578	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 30MCG/0.3ML - Additional Dose - 0124A	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
5579	Moderna - ADM SARSCOV2 Bivalent - 50MCG/0.5ML - Additional Dose - 0134A	N/A	8/31/2022	\$40.00	8/31/2022 through 9/12/2023
6122	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 1st Dose (6mos - 11yrs) - 0141A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
6123	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML – 2nd Dose (6mos - 11yrs) - 0142A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
5583	Moderna - ADM SARSCOV2 Bivalent - 25MCG/0.25ML - Additional Dose (6mos - 11yrs) - 0144A	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023
6124	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML – 1st Dose (5 - 11 yrs) - 0151A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
5582	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 10MCG/0.2ML – Additional Dose (5 - 11 yrs) - 0154A	N/A	10/12/2022	\$40.00	10/12/2022 through 9/12/2023
5588	Moderna - ADM SARSCOV2 Bivalent - 10MCG/0.2ML	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023

Rate Code	Rate Code Description	Fee	Effective for Dates of Service on or after:	Fee	Effective for Dates of Service on or after:
	– Additional Dose (6mos - 5yrs) - 0164A				
6125	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 1st Dose (6mos - 4yrs) - 0171A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
6126	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML – 2nd Dose (6mos - 4yrs) - 0172A	N/A	4/18/2023	\$40.00	4/18/2023 through 9/12/2023
5589	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML - 3rd Dose (6mos - 4yrs) - 0173A	N/A	12/8/2022	\$40.00	12/8/2022 through 9/12/2023
5592	Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCL/0.2ML – Additional Dose (6mos - 4yrs) - 0174A	N/A	3/14/2023	\$40.00	3/14/2023 through 9/12/2023

NOTE: Rate-based claims for dates of service on or after April 1, 2021 will be automatically adjusted to reflect the new \$40.00 administration fee. Providers will not have to take any further action.

*Rate Code activation letters were sent to rate-based providers for rate codes 5559 and 5560 with inaccurate descriptions identifying incorrect age parameters for these COVID-19 vaccine administration rate codes. The correct descriptions for rate codes 5559 and 5560 are listed above in table 3.

III. Medicaid Managed Care

A. MMC Coverage Policy

The Medicaid coverage policy in [Section I](#) above applies to all types of MMC Plans.

B. MMC Reimbursement

The COVID-19 vaccine administration fees and billing instructions in [Section II](#) above are specific to Medicaid FFS. For individuals enrolled in MMC, providers should check with the individual's MMC Plan for implementation details, reimbursement fees and billing instructions.

1. Effective April 1, 2021, MMC Plans will reimburse providers no less than the Medicaid FFS rate for COVID-19 vaccine administration.
2. MMC Plans must cover the cost of vaccine administration by qualified providers who do not participate in the MMC Plan's network.
3. Rate-based and office-based provider reimbursement for the vaccine administration must be made separately from visit reimbursement, as detailed in [Section II](#).

Additional Resources

- [COVID-19 Vaccine Information for Providers](#)
- [Additional COVID-19 Guidance for NYS Medicaid Providers](#)
- [NYS Medicaid vaccine policy and billing guidance \(Non-COVID-19 related\)](#)
- [Pharmacist as Immunizer Fact Sheet for NY Medicaid's policy and billing for other vaccines](#)
- [CDC information on COVID-19](#)
- [Weekly Healthcare Provider COVID-19 Update](#)

Questions

- Medicaid FFS coverage and policy questions should be directed to the Office of Health Insurance Programs, Division of Program Development and Management, at (518) 473-2160 or FFSMedicaidPolicy@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's [MMC](#) plan.
- Medicaid FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- Medicaid FFS Pharmacy Policy questions should be directed to (518) 486-3209 or NYRx@health.ny.gov.