



COVID-19 Vaccine and Infusion Code Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) have announced new Healthcare Common Procedure Coding System (HCPCS) codes for healthcare providers to use when treating patients for the novel coronavirus (COVID-19). Additionally, The American Medical Association (AMA) has announced new vaccine-specific Current Procedural Terminology (CPT®) codes to report immunizations for the novel coronavirus (SARS-CoV-2). In response, the Medicaid fee-for-service (FFS) program is reimbursing for these codes at 100% of the Medicare reimbursement rate. The following fee schedule is a summary of the codes, their descriptions, their effective dates, and the FFS reimbursement rate.

NOTE: Institutional providers should bill for vaccine and vaccine administration on a professional claim to receive reimbursement.

If you have any questions about the contents of this fee schedule, please contact Christa Smith at christa.smith@maryland.gov.

For questions related to MCOs and Self-Referred Services, please contact Pam Williams at pam.williams@maryland.gov.

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COVID-19 Vaccine and Infusion Codes Fee Schedule

Vaccination products will be made available to providers at no cost by the federal government for the foreseeable future; therefore, only the cost of administration will be reimbursed. FFS Medicaid intends to reimburse for vaccine administration in alignment with the Medicare rate.

| Vaccine Products | | | | |
|------------------|--------------|--|----------------|----------|
| CPT Code | Labeler Name | Description | Effective Date | FFS Rate |
| 91300 | Pfizer | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use | 12/11/20 | \$0.00 |
| 91301 | Moderna | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use | 12/18/20 | \$0.00 |
| 91303 | Janssen | 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 | 2/27/2021 | \$0.00 |

| Vaccine Administration | | | | | |
|------------------------|--------------|---|----------------|--|--|
| CPT Code | Labeler Name | Description | Effective Date | FFS Rate (Claims with DOS through 3/21/2021) | FFS Rate (Claims with DOS on or after 3/22/2021) |
| 0001A | Pfizer | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent | 12/11/20 | \$16.94 | \$40.00 |
| 0002A | Pfizer | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent | 12/11/20 | \$28.39 | \$40.00 |
| 0003A | Pfizer | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; third dose | 8/12/21 | N/A | \$40.00 ¹ |

¹ FFS Rate Claims with DOS on or after 8/12/2021
Revision Date: 8/17/2021

| Vaccine Administration | | | | | |
|------------------------|--------------|--|----------------|--|--|
| CPT Code | Labeler Name | Description | Effective Date | FFS Rate (Claims with DOS through 3/21/2021) | FFS Rate (Claims with DOS on or after 3/22/2021) |
| 0011A | Moderna | Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose | 12/18/20 | \$16.94 | \$40.00 |
| 0012A | Moderna | Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose | 12/18/20 | \$28.39 | \$40.00 |
| 0013A | Moderna | Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; third dose | 8/12/21 | N/A | \$40.00 ² |
| | | | | | |

² FFS Rate Claims with DOS on or after 8/12/2021
Revision Date: 8/17/2021

| | | | | | |
|-------|--------------------|--|-----------|---------|----------------------|
| 0031A | Janssen | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservation free, 5x10 ¹⁰ viral particles/0.5 mL dosage, single dose | 2/27/2021 | \$28.39 | \$40.00 |
| M0201 | Home Vaccine Admin | COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home | 6/8/2021 | N/A | \$35.50 ³ |

³ FFS Rate Claims with DOS on or after 6/8/2021
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COVID-19 Infusion Therapy

On November 9, 2020, the U.S. Food and Drug Administration issued an Emergency Use Authorization (EUA) for the investigational monoclonal antibody therapy, bamlanivimab, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Bamlanivimab will be made available to providers at no cost by the federal government for the foreseeable future; therefore, only the cost of administration will be reimbursed. The Department intends to set the FFS reimbursement rate at the same rate as Medicare.

Bamlanivimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary. Additional information regarding limitations for authorized use can be found in the Centers for Medicare and Medicaid Services (CMS) [guidance](#) and the [fact sheet issued by the manufacturer](#).

| Monoclonal Antibodies and Administration | | | | | |
|---|---------------------|---|-----------------------|---|---|
| HCPCS Code | Labeler Name | Description | Effective Date | FFS Rate (Claims with DOS through 5/13/2021) | FFS Rate (Claims with DOS on or after 5/14/2021) |
| Q0239 | Eli Lilly | Injection, bamlanivimab, 700 mg | 11/10/20-4/16/2021 | \$0.00 ⁴ | N.C |
| M0239 | Eli Lilly | Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring | 11/10/20-4/16/2021 | \$309.60 ⁴ | N.C |
| Q0243 | Regeneron | Injection, casirivimab and imdevimab, 2400 mg | 11/21/20 | \$0.00 | \$0.00 |
| Q0244 | Regeneron | Injection, casirivimab and imdevimab, 1200 mg | 6/3/2021 | N.C | \$0.00 ⁵ |

⁴ FFS Rate Claims with DOS through 4/16/2021

⁵ FFS Rate Claims with DOS beginning 6/3/2021
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| Monoclonal Antibodies and Administration | | | | | |
|---|---------------------|--|-----------------------|---|---|
| HCPCS Code | Labeler Name | Description | Effective Date | FFS Rate (Claims with DOS through 5/13/2021) | FFS Rate (Claims with DOS on or after 5/14/2021) |
| M0243 | Regeneron | Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring | 11/21/20 | \$309.60 | \$450.00 |
| M0244 | Regeneron | Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence | 5/6/2021 | N/A | \$750.00 |
| Q0245 | Eli Lilly | Injection, bamlanivimab and etesevimab, 2100 mg | 2/9/2021 | \$0.00 | \$0.00 |
| M0245 | Eli Lilly | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | 2/9/2021 | \$309.60 | \$450.00 |
| M0246 | Eli Lily | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence | 5/6/2021 | N/A | \$750.00 |
| Q0247 | GSK | Injection, sotrovimab, 500 mg | 5/26/2021 | N/A | \$0.00 ⁶ |
| M0247 | GSK | Intravenous infusion sotrovimab, includes infusion and post administration monitoring | 5/26/2021 | N/A | \$450.00 ⁶ |
| | | | | | |

⁶ FFS Rate Claims with DOS on or after 5/26/2021

Monoclonal Antibodies and Administration

| HCPCS Code | Labeler Name | Description | Effective Date | FFS Rate (Claims with DOS through 5/13/2021) | FFS Rate (Claims with DOS on or after 5/14/2021) |
|-------------------|---------------------|--|-----------------------|---|---|
| M0248 | GSK | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency | 5/26/2021 | N/A | \$750.00 ⁶ |
| Q0249 | Genentech | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg | 6/24/2021 | N/A | \$6.57 |
| M0249 | Genentech | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose | 6/24/2021 | N/A | \$450.00 |

⁶ FFS Rate Claims with DOS on or after 5/26/2021
Revision Date: 8/17/2021

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|-------|-----------|---|-----------|-----|----------|
| M0250 | Genentech | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | 6/24/2021 | N/A | \$450.00 |
|-------|-----------|---|-----------|-----|----------|