



June 20, 2022

Web Announcement 2813

Attention All Providers:

Moderna COVID-19 Booster Vaccine Code and Administration Code

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for Moderna COVID-19 booster vaccine procedure code 91309 and the corresponding booster administration code 0094A effective with dates of service on or after March 29, 2022. Prior authorization is not required. The age limit for procedure codes 91309 and 0094A is for individuals 18 years old and up.

The descriptions of the two codes are shown below.

Procedure Code	Description
91309	Moderna severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use. (No charge for vaccine products at this time as it is provided free by the federal government)
0094A	Moderna Immunization administration by intramuscular injection of severe acute respiratory syndrome - 50 mcg/0.5mL booster dose

The following provider types may bill procedure codes 91309 and 0094A:

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.
22	Dentist
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 91309 and 0094A with dates of service on or after March 29, 2022, that were processed before June 20, 2022, and denied with error code 3337 (Non-covered procedure due to CMS termination) or error code 4801 (No billing rule for procedure) may be reprocessed automatically, if needed. Results of any reprocessed claims will appear on a future remittance advice.

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. ListServes are available for members and providers [here](#).