



July 1, 2022

Web Announcement 2823

Attention All Providers:

Pfizer COVID-19 Booster Administration Code 0074A Open for Children 5 through 11

The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for Pfizer BioNTech COVID-19 booster administration code 0074A for children ages 5 through 11 effective with dates of service on or after May 17, 2022. Prior authorization is not required.

The description of the code is shown below.

Procedure Code	Description
0074A	Pfizer- BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration booster

The following provider types may bill procedure code 0074A:

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 code 0074A with dates of service on or after May 17, 2022, that were processed on or before June 27, 2022, and denied with error code 3337 (Non-covered procedure due to CMS termination) 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. ListSrvs are available for members and providers [here](#).