



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**All Provider Bulletin 330**  
**November 2021**

**TO:** All Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: MassHealth Coverage for Coronavirus Disease 2019 (COVID-19) Vaccines, including Pediatric Vaccines, and Monoclonal Antibodies**

## **Background**

On October 29, 2021, the U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to include children 5 through 11 years of age.

MassHealth will cover administration of the Pfizer-BioNTech COVID-19 vaccine to children 5 through 11 year years of age consistent with the EUA. MassHealth expects to pay \$45.87 for the administration of Pfizer-BioNTech COVID-19 pediatric vaccine doses, the same rate it pays for the administration of all other doses of COVID-19 vaccine.

This bulletin also provides consolidated lists of codes, rates, and effective dates for COVID-19 vaccines and monoclonal antibodies, supplementing and updating [All Provider Bulletins](#) 304, 307, 312, 313, 317, 318, 322, 326, and 328. Rates and billing codes are or will be established through an administrative bulletin or the promulgation of regulations by the Executive Office of Health and Human Services, as appropriate.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a primary care accountable care organization (ACO). Information about coverage through MassHealth managed care entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be included in a forthcoming MCE bulletin.

## **Rate and Coverage for COVID-19 Vaccine Administration**

Effective for dates of service as specifically listed below, eligible providers may bill and receive payment for vaccine administration at the rates identified below. COVID-19 vaccines and vaccine administration services are a covered service for MassHealth Limited members effective for dates of service beginning March 11, 2021. Providers should continue to bill:

- the federal COVID-19 Uninsured Program portal for COVID-19 vaccine administration services rendered to MassHealth Limited members for dates of service prior to March 11, 2021, and
- the federal COVID-19 Uninsured Program portal for vaccine administration services rendered to all other uninsured patients, including Health Safety Net patients without other coverage.

Please note, notwithstanding [All Provider Bulletin 328](#), that Janssen COVID-19 booster doses should be billed using code 0034A.

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Code	Description	Rate for dates of service on or after April 1, 2021	Rates for dates of service through March 30, 2021	Code effective for dates of service
91300 SL	Pfizer-BioNTech Covid-19 Vaccine	\$0.00	\$0.00 <sup>l</sup>	12/11/2020 – TBD
0001A	Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose	\$45.87	\$33.88	12/11/2020 – TBD
0002A	Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose	\$45.87	\$56.78	12/11/2020 – TBD
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose	\$45.87	Code not active during this time	08/12/2021 – TBD
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster	\$45.87	Code not active during this time	09/22/2021 – TBD
91301 SL	Moderna Covid-19 Vaccine	\$0.00	\$0.00	12/18/2020 – TBD
0011A	Moderna Covid-19 Vaccine Administration – First Dose	\$45.87	\$33.88	12/18/2020 – TBD
0012A	Moderna Covid-19 Vaccine Administration – Second Dose	\$45.87	\$56.78	12/18/2020 – TBD
0013A	Moderna Covid-19 Vaccine Administration – Third Dose	\$45.87	Code not active during this time	08/12/2021 – TBD
91303 SL	Janssen Covid-19 Vaccine	\$0.00	\$0.00	02/27/2021 – TBD
0031A	Janssen Covid-19 Vaccine Administration - First Dose	\$45.87	\$56.78	02/27/2021 – TBD

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Code	Description	Rate for dates of service on or after April 1, 2021	Rates for dates of service through March 30, 2021	Code effective for dates of service
0034A	Janssen Covid-19 Vaccine Administration - Booster <sup>1</sup>	\$45.87	Code not active during this time	10/20/2021 – TBD
91306 SL	Moderna Covid-19 Vaccine (Low Dose)	\$0.00	Code not active during this time	10/20/2021 – TBD
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration - Booster	\$45.87	Code not active during this time	10/20/2021 – TBD
91307 SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine	\$0.00	Code not active during this time	10/29/2021 – TBD
0071A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose	\$45.87	Code not active during this time	10/29/2021 – TBD
0072A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose	\$45.87	Code not active during this time	10/29/2021 – TBD

**Monoclonal Antibodies**

Effective for dates of service as specifically listed below, providers enrolled in the MassHealth acute outpatient hospital, community health center, and physician programs may bill and receive payment for the administration of monoclonal antibodies at the rates identified below.

Code	Description	Rate for dates of service on or after 05/6/2021	Rates for dates of service through 05/5/2021	Code effective for dates of service
Q0239 SL	Injection, bamlanivimab, 700 mg	Code not active during this time	\$0.00	11/10/2020 – 04/16/2021

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Code	Description	Rate for dates of service on or after 05/6/2021	Rates for dates of service through 05/5/2021	Code effective for dates of service
		period		
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Code not active during this time period	\$309.60	11/10/2020 – 04/16/2021
Q0240 SL	Injection, casirivimab and imdevimab, 600 mg	\$0.00	Code not active during this time period	07/30/2021 – TBD
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	\$450.00	Code not active during this time period	07/30/2021 – TBD
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, 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, subsequent repeat doses	\$750.00	Code not active during this time period	07/30/2021 – TBD
Q0243 SL	Injection, casirivimab and imdevimab, 2400 mg	\$0.00	\$0.00	11/21/2020 – TBD
Q0244 SL	Injection, casirivimab and	\$0.00	\$0.00	06/03/2021 – TBD

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Code	Description	Rate for dates of service on or after 05/6/2021	Rates for dates of service through 05/5/2021	Code effective for dates of service
	imdevimab, 1200 mg			
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	\$450.00	\$309.60	11/21/2020 – TBD
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, 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	\$750.00	Code not active during this time period	05/06/2021 – TBD
Q0245 SL	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.00	\$0.00	02/09/2021 – TBD
M0245	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	\$450.00	\$309.60	02/09/2021 – TBD
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-	\$750.00	Code not active during this time period	05/06/2021 – TBD

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Code	Description	Rate for dates of service on or after 05/6/2021	Rates for dates of service through 05/5/2021	Code effective for dates of service
	based to the hospital during the covid-19 public health emergency			
Q0247	Injection, sotrovimab, 500 mg	\$2394.00	Code not active during this time period	05/26/2021 – TBD
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	\$450.00	Code not active during this time period	05/26/2021 – TBD
M0248	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	\$750.00	Code not active during this time period	05/26/2021 – TBD
Q0249	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	\$6.57	Code not active during this time period	06/24/2021 - TBD
M0249	Intravenous infusion, tocilizumab, for	\$450.00	Code not active during	06/24/2021 - TBD

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Code	Description	Rate for dates of service on or after 05/6/2021	Rates for dates of service through 05/5/2021	Code effective for dates of service
	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		this time period	
M0250	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	\$450.00	Code not active during this time period	06/24/2021 - TBD

**MassHealth Website**

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## **Questions**

### **Dental Services**

Phone: (800) 207-5019; TTY: (800) 466-7566

### **Long-Term Services and Supports**

Phone: (844) 368-5184 (toll free)  
Email: [support@masshealthltss.com](mailto:support@masshealthltss.com)  
Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)  
Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215  
Fax: (888) 832-3006

### **All Other Provider Types**

Phone: (800) 841-2900; TTY: (800) 497-4648  
Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)  
Fax: (617) 988-8974