***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](https://www.mass.gov/lists/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](https://www.mass.gov/doc/all-provider-bulletin-328-coverage-for-booster-doses-of-coronavirus-disease-2019-covid-19-vaccines-0/download), that Janssen COVID-19 booster doses should be billed using code 0034A.

| **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[ | 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 |
| 0034A | Janssen Covid-19 Vaccine Administration -  Booster[ | $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 period |  $0.00 | 11/10/2020 – 04/16/2021 |
| 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 imdevimab, 1200 mg | $0.00 | $0.00 | 06/03/2021 – TBD |
| 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-based to the hospital during the covid-19 public health emergency | $750.00 | Code not active during this time period | 05/06/2021 – TBD |
| 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 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 | $450.00 | Code not active during this time period | 06/24/2021 - TBD |
| 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

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## 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

Portal: 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](file:///C%3A%5CUsers%5CTHoitink%5CDownloads%5Cprovidersupport%40mahealth.net)

Fax: (617) 988-8974