***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

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MassHealth

# All Provider Bulletin 357

# December 2022

**TO**: All Providers Participating in MassHealth

**FROM**: Amanda Cassel Kraft, Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

RE: Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine Doses and Pre-exposure Prophylaxis

## Background

This bulletin adds codes and rates for the new Moderna and Pfizer bivalent COVID-19 vaccine doses for use in younger age groups. Rates are identical to those for other COVID-19 vaccines. It also clarifies coverage for pre-exposure prophylaxis.

## Coverage for COVID-19 Bivalent Vaccine Doses

On October 12, 2022, the U.S. Food and Drug Administration (FDA) [authorized](https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-moderna-and-pfizer-biontech-bivalent-covid-19-vaccines) both Moderna and Pfizer bivalent boosters for certain younger age groups, as described below. Effective October 12, 2022, the monovalent Pfizer-BioNTech COVID-19 Vaccine is no longer authorized as a booster dose for individuals 5 through 11 years of age.

On December 8, 2022, the FDA [authorized](https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-updated-bivalent-covid-19-vaccines-children-down-6-months) both Moderna and Pfizer bivalent doses for younger children. Children 6 months through 5 years of age who received the original (monovalent) Moderna COVID-19 Vaccine are now eligible to receive a single booster of the updated (bivalent) Moderna COVID-19 Vaccine two months after completing a primary series with the monovalent Moderna COVID-19 Vaccine. Children 6 months through 4 years of age who have not yet begun their three-dose primary series of the Pfizer-BioNTech COVID-19 Vaccine or have not yet received the third dose of their primary series will now receive the updated (bivalent) Pfizer-BioNTech COVID-19 vaccine as the third dose in their primary series following two doses of the original (monovalent) Pfizer-BioNTech COVID-19 Vaccine.

MassHealth will issue transmittal letters that formally add the codes listed below to the relevant provider manuals. The Executive Office of Health and Human Services (EOHHS) will formally establish the rates for these codes through administrative bulletins or amendments to relevant pricing regulations. The rates for these codes will be consistent with existing vaccine administration rates.

| **Code** | **Description** | **Rate**  | **Effective Date**  |
| --- | --- | --- | --- |
| 91314 SL | Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years through 11 years) (Dark Blue Cap with gray border) (SARSCOV2 VAC BVL 25MCG/0.25ML) | $0.00 | 10/12/2022 |
| 0144A | Moderna COVID-19 Vaccine, Bivalent (Aged 6 years through 11 years) (Dark Blue Cap with gray border) Administration – Booster Dose (ADM SARSCV2 BVL 25MCG/.25ML B) | $45.87 | 10/12/2022 |
| 91315 SL | Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) (SARSCOV2 VAC BVL 10MCG/0.2ML) | $0.00 | 10/12/2022 |
| 0154A | Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) Administration – Booster Dose (ADM SARSCV2 BVL 10MCG/.2ML B) | $45.87 | 10/12/2022 |
| 91316 SL | Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 months through 5 years) (Dark Pink Cap and a label with a yellow box) (SARSCOV2 VAC BVL 10MCG/0.2ML) | $0.00 | 12/08/2022 |
| 0164A | Moderna COVID-19 Vaccine, Bivalent (Aged 6 months through 5 years) (Dark Pink Cap and label with a yellow box) Administration – Booster Dose (ADM SRSCV2 BVL 10MCG/0.2ML B) | $45.87 | 12/08/2022 |
| 91317 SL | Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 6 months through 4 years) (Maroon Cap) (SARSCOV2 VAC BVL 3MCG/0.2ML) | $0.00 | 12/08/2022 |
| 0173A  | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) Administration - Third dose (ADM SARSCV2 BVL 3MCG/0.2ML 3) | $45.87 | 12/08/2022 |

In addition, effective October 12, 2022, the bivalent Moderna doses can be billed to MassHealth for boosters administered to individuals 12 through 17 years of age, using codes 91313 SL and 0134A. These codes were added for individuals 18 years of age and older in [All Provider Bulletin 354](https://www.mass.gov/doc/all-provider-bulletin-354-coverage-and-reimbursement-policy-for-coronavirus-disease-2019-covid-19-bivalent-vaccine-boosters-corrected-0/download).

## Pre-exposure Prophylaxis

MassHealth is further clarifying that it covers the injection of tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, 600 mg dosage, using the following code. MassHealth previously announced coverage for administration of the 300 mg dosage in [All Provider Bulletin 336](https://www.mass.gov/doc/all-provider-bulletin-336-coverage-of-and-payment-for-the-administration-of-1-tixagevimab-co-packaged-with-cilgavimab-and-2-remdesivir-in-an-outpatient-setting-corrected/download).

| **Code** | **Description** | **Rate**  | **Effective Date**  |
| --- | --- | --- | --- |
| Q0221 SL | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg | $0.00 | 02/24/2022 |

The rate for this code is established in [101 CMR 446.00: Public Health Emergency Payment Rates for Certain Community Health Care Providers](https://www.mass.gov/regulations/101-CMR-44600-public-health-emergency-payment-rates-for-certain-community-health-care-providers).

## MassHealth Website

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### Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215

Fax: (888) 832-3006

### All Other Provider Types

Phone: (800) 841-2900. TDD/TTY: 711

Email: [providersupport@mahealth.net](file:///C%3A%5CUsers%5CTHoitink%5CDownloads%5Cprovidersupport%40mahealth.net)

Fax: (617) 988-8974