Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/12/2022

Coverage of Pfizer COVID-19 Vaccination, Members Aged 5-11

The purpose of this bulletin is to inform providers that DMAS and all managed care organizations (MCOs) will cover Pfizer-BioNTech COVID-19 vaccine doses for full benefit Medicaid and FAMIS members 5-11 years of age, consistent with the recently amended Federal Drug Administration's (FDA) amended Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine. Further contact information is included at the bottom of this document. For prior memos outlining DMAS COVID-19 vaccination coverage, please visit:
https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemostoProviders.

Consistent with the FDA's amended EUA permitting administration of the Pfizer-BioNTech COVID-19 vaccine to individuals 5-11 years of age, the following COVID-19 vaccine administration codes will be covered for fee for service (FFS) and MCO members 5-11 years of age with dates of service on and after 10/29/2021, with FFS reimbursement rates listed below:

- **91307** ($0.01): Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
- **0071A** ($40.00): Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
- **0072A** ($40.00): Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

Administration of the Pfizer-BioNTech COVID-19 vaccine for members 5-11 years of age is covered under both the medical benefit, as outlined above, as well as the pharmacy benefit. Pharmacy providers should use Submission Clarification Code = 7 (medically necessary) to indicate the administration of a COVID-19 vaccine for eligible FFS Members. Basis of Cost Determination '15' (free product or no associated cost) and Professional Service Code 'MA' (Medication Administered) still apply.

CMS continues to anticipate that, at this time, providers will not incur a cost for vaccine products (i.e. CPT 91307). Providers should not bill for vaccine products if they received it for free.

Prior authorization for COVID-19 vaccination is not required for FFS or MCO members.

For questions on coverage for members enrolled in a managed care organization, refer to the contact information listed below.

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PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020

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Molina Complete Care	1-800-424-4524 (CCC+)
	1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA
	and www.myuhc.com/communityplan
	1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com