



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: August 12, 2021  
Contacts: see below

**TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Medical Clinics, Family Planning Clinics, Federally Qualified Health Centers (FQHCs), Outpatient Hospitals, Home Health Agencies, Dialysis Clinics, Dentists, and Pharmacy Providers**

**RE: CMAP COVID-19 Response Bulletin 55: ADDITIONAL DOSE COVID-19 Vaccine Administration for Individuals who are Immunocompromised**

Effective for dates of service **August 12, 2021** and through the end of the public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of a 3<sup>rd</sup> dose of the Pfizer BioNTech and Moderna COVID-19 vaccine for individuals who are **\*immunocompromised**, consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), or when applicable FDA approval, for members covered under:

- HUSKY Health (A, B, C and D)
- Tuberculosis Limited Benefit
- Family Planning Limited Benefit, and
- COVID-19 Testing Group.

*Providers should continue to seek reimbursement through the U.S. Health Resources and Services Administration (HRSA) to the extent available for COVID-19 vaccine administration to non-citizens (\*\*\*)who do not qualify for Medicaid or CHIP coverage due to their immigration status). For more information, see this link to the HRSA Web site: <https://www.hrsa.gov/coviduninsuredclaim>.*

**\*Immunocompromised Criteria**

The FDA amended the EUAs for both the Pfizer BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine to allow for an additional 3<sup>rd</sup> dose to be administered at least 28 days following the two-dose regimen of the same vaccine to individuals who have undergone solid organ transplantation or are diagnosed with conditions that are considered to have an equivalent level of immunocompromise. Providers should refer to the Centers for Disease Control and Prevention (CDC) for information related to individuals who qualify as immunocompromised:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/immunocompromised-patients.html>

Based on CDC recommendations, attempts should be made to match the additional dose type of COVID vaccine to the mRNA primary series; however, if that is not feasible, a heterologous additional dose is permitted.

**Reimbursement for Administration of 3<sup>rd</sup> dose of Moderna or Pfizer-BioNtech COVID-19 Vaccine**

**Medical and Dental Practitioners:**

Medical and dental providers eligible to bill for COVID-19 vaccine administration should use the following procedure codes when billing for a 3<sup>rd</sup> dose of the Pfizer or Moderna COVID-19 vaccine:

Code	Descriptor / Vaccine Name	Rate	Effective Date
0003A	ADM SARSCOV2 30MCG/0.3ML 3 <sup>RD</sup>  Pfizer-Biontech	\$40.00	On or after 8/12/2021
0013A	ADM SARSCOV2 100MCG/0.5ML 3 <sup>RD</sup>  Moderna	\$40.00	On or after 8/12/2021

*\*Outpatient Hospitals please refer to CMAP Addendum B.*

**Pharmacy Point of Sale (POS):**

Pharmacy providers submitting pharmacy POS claims for administration reimbursement should submit claims with NCPDP Submission Clarification Code (420-DK) 7 “medically necessary” to indicate that this 3<sup>rd</sup> dose is for a

member who meets the criteria for immunocompromised.

### **Non-Emergency Medical Transportation (NEMT) Guidance**

NEMT is available for HUSKY Health (A, C and D) members and members covered under the Family Planning Limited Benefit and Tuberculosis Limited Benefit that are eligible to receive a 3<sup>rd</sup> dose of the COVID-19 vaccine. Please continue to refer to PB 2021-23 for additional information related to NEMT.

As a reminder, NEMT is not available to individuals covered under HUSKY B and the COVID-19 Testing Group.

### **Additional COVID-19 Vaccine Administration Guidance for Medical and Pharmacy Providers**

Providers must continue to refer to the following provider bulletins and important messages, available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, for information including, but not limited to, providers eligible to bill for COVID-19 vaccine administration, administration of the initial and, when applicable, subsequent doses of COVID-19 vaccines, information regarding prohibition from collecting cost share under HUSKY B for preventive services, eligible providers, claims submission requirements:

- [PB 2021-05](#) CMAP COVID-19 Response Bulletin 48: COVID-19 Vaccine Administration – Medical Practitioners
- [PB 2021-06](#) CMAP COVID-19 Response Bulletin 49: COVID-19 Vaccine Administration – Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians
- [PB 2021-23](#) CMAP COVID-19 Response Bulletin 51: Updated Guidance COVID-19 Vaccine Administration – Medical Practitioners
- [PB 2021-25](#) CMAP COVID-19 Response Bulletin 52: Updated Guidance - COVID-19 Vaccine Administration – Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians
- Important Message posted 4/29/2021: [Eligible Dental Providers who can Administer the COVID-19 Vaccinations](#)
- Additional guidance for Medical FQHCs is also published in the [COVID-19 Information and FAQs](#)

### **Future Guidance**

Providers must continue to monitor the CMAP Web site for additional guidance related to COVID-19 vaccine administration. As additional State and Federal guidance is developed or received, CMAP will issue subsequent provider bulletins and updates to the COVID-19 Information and FAQs.

### **Accessing Fee Schedules**

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, click the CSV link, then select "Open file".

### **Accessing CMAP Addendum B (Outpatient Hospitals)**

CMAP's Addendum B for outpatient hospital services can be accessed via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

**Questions:** For questions about billing or if further assistance is needed to access the fee schedule on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals and the COVID-19 Information and FAQs can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

### **Responsible Unit:**

**Physicians, APRNs, CNMs, PAs, Medical Clinics, FOHC-Medical, and Home Health Agencies:** DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, [dana.robinson-rush@ct.gov](mailto:dana.robinson-rush@ct.gov)

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