



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: As specified below  
Contacts: see below

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

**RE: CMAP COVID-19 Response Bulletin 56: Booster Doses COVID-19 Vaccine Administration**

Consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), effective for dates of service as specified for each code and through the end of the federal public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of booster doses of the Pfizer-BioNTech, Moderna and Janssen COVID-19 vaccines, for members covered under: HUSKY Health (A, B, C and D), Tuberculosis Limited Benefit, Family Planning Limited Benefit, and the COVID-19 Testing Group.

The amended EUAs for **Pfizer-BioNTech** and **Moderna COVID-19 vaccines** allows for use of a single booster dose to be administered at least six (6) months after completion of the primary series for:

- individuals 65 years of age and older;
- individuals 18 through 64 years of age at high risk of severe COVID-19; and
- individuals 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19.

A single booster dose of the vaccine may be administered to certain individuals who have completed primary vaccination with a different authorized COVID-19 vaccine. Please check with your healthcare provider regarding eligibility for and timing of the booster dose.

The amended EUA for **Janssen COVID-19 vaccine** allows for:

- use of a single booster dose at least two (2) months after primary vaccination

A single booster dose of the Janssen COVID-19 vaccine may be administered to eligible individuals who have completed primary vaccination with a different authorized or approved COVID-19 vaccine. Please check with your healthcare provider regarding eligibility for and timing of the booster dose.

**Reimbursement for Administration of Boosters**

**Medical, Hospice, Home Health and Dental Practitioners:**

Providers eligible to bill for COVID-19 vaccine administration should use the following procedure codes when billing for boosters:

Code	Descriptor / Vaccine Name	Rate	Effective Date
0004A	ADM SARSCOV2 30MCG/0.3ML BST  Pfizer-Biontech Booster	\$40.00	On or after 9/22/2021
0064A	ADM SARSCOV2 50MCG/0.25M LBST	\$40.00	On or after 10/20/2021

	Moderna Booster		
0034A	ADM SARSCOV2 VAC AD26 .5ML B  Janssen Booster	\$40.00	On or after 10/20/2021

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

*\*\*At the conclusion of the designated federal PHE period, DSS will reassess the reimbursement set for administration of a COVID-19 vaccine and update it according to current reimbursement methodologies for each applicable provider category. Providers will be notified in writing prior to any reimbursement change.*

### **Outpatient Hospitals**

A claim submitted by an outpatient hospital must include both the administration procedure code (0004A, 0064A, or 0034A) with Revenue Center Code (RCC) 770 “Prevent Care Svcs” and the applicable vaccine product procedure code including the National Drug Code (NDC):

- 91300 - Pfizer-BioNTech Covid-19 Vaccine SARSCOV2 VAC 30MCG/0.3ML IM,
- 91306 - Moderna Covid-19 Vaccine (Low Dose) SARSCOV2 VAC 50MCG/0.25ML IM , or
- 91303 - Janssen Covid-19 Vaccine. SARSCOV2 VAC AD26 .5ML IM

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

Pharmacy providers submitting pharmacy POS claims for administration reimbursement should submit claims with NCPDP Submission Clarification Code (420-DK) 10 “The pharmacy certifies that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed to indicate that this booster dose is for a member who meets the criteria for the amended EUA. If payers cannot immediately support SCC 10,

NCPDP recommends an interim solution where both SCC 7 and 10 would be used. This would allow SCC 7 to trigger existing logic and SCC 10 could be used to support any additional override logic to identify a booster. Payers should notify their pharmacy networks as to these temporary claims processing requirements and when their systems will be able to support just SCC 10 for boosters.

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

NEMT is available for individuals that are eligible to receive a booster dose of the Pfizer COVID-19 vaccine and who are covered under: HUSKY Health (A, C and D), Family Planning Limited Benefit, and Tuberculosis Limited Benefit.

Please continue to refer to [PB 2021-23](#) and [PB 2021-63](#) for additional information related to NEMT.

### **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 more information for reimbursement of the COVID-19 vaccine administration:

- [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

- [PB 2021-63](#) CMAP COVID-19 Response Bulletin 55: ADDITIONAL DOSE COVID-19 Vaccine Administration for Individuals who are Immunocompromised
- 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 CMAP by Gainwell Technologies.

### **Responsible Unit:**

**Physicians, APRNs, CNMs, PAs, Medical Clinics, FQHC-Medical, Hospice 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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