

COVID-19 Vaccine CPT/HCPCS Coding Guide

The American Medical Association (AMA) and Center for Medicare and Medicaid Services have finalized updated CPT/HCPCS codes for COVID-19 vaccine supply and administration. See below coding updates:

Vaccine Brand	CPT for vaccine supply/dose*	Admin Code, 1 st Dose	Admin Code, 2 nd Dose	Admin Code, 3 rd Dose**	Admin Code, Booster Dose**
Pfizer – Adult (age 12+) Diluent Reconstituted (Purple Cap Vials)	91300	0001A	0002A	0003A	0004A
Pfizer – Peds (age 5-11) Tris-Sucrose (Orange Cap Vials)	91307	0071A	0072A		0054A
Moderna 0.5 mL	91301	0011A	0012A	0013A	N/A
Moderna 0.25mL (Booster Dose)	91306	N/A	N/A	N/A	0064A
Johnson & Johnson	91303	0031A	N/A	N/A	0034A

For vaccines administered at a patient’s home, use the additional CPT/HCPCS code, **M0201**.

*Publicly supplied vaccine supply (supplied by CDC, NYS, HRSA) should not be charged. Submit claims without the supply code or with the supply code and a charge amount of \$0.00. If your billing system requires a charge amount, you can charge \$0.01 or \$0.10, which will be adjusted to \$0.00 during claims processing by the payer.

**For Pfizer and Moderna vaccines, there is a distinction in coding between third doses and booster doses. Patients may be receiving a vaccine administration for the third time; however, there is a distinction between a Third Dose and Booster Dose:

- *Third Dose:* for patients who are moderately to severely immunocompromised
- *Booster Dose:* for patients age 18+ and who had the J&J vaccine 2+ months ago, or patients 65+ and who received Pfizer or Moderna 6+ months ago, or patients who are 18+ and have a chronic condition or occupation that places them at high risk.

References: [American Medical Association](#), [Center for Medicare & Medicaid Services](#)

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