

Moderna COVID-19 Vaccine

Billing and Coding CDC COVID-19 Provided Product

AUTHORIZED USE

- Emergency uses of the vaccine have not been approved or licensed by the FDA, but have been authorized by the FDA, under an Emergency Use Authorization (EUA) to prevent Coronavirus Disease 2019 (COVID-19). The Moderna COVID-19 Vaccine is authorized in individuals 6 months of age and older as a primary series. The Moderna COVID-19 Vaccine, Bivalent is authorized as a booster dose in individuals 6 years of age and older.
- The EUA for these products is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of the product, unless the declaration is terminated or the authorization is revoked sooner.
- For more information on the EUA authorized uses of the vaccine, refer to the Fact Sheets for Healthcare Providers Administering Vaccine (Vaccine Providers) and Full Prescribing Information.

Moderna COVID-19 Vaccine Reimbursement Codes

| Age Group | Dosing Interval | Vaccine Code* | Vaccine Administration Codes† | NDC Product ID (Vial)‡ | CVX Code |
|---------------------------------|--|-------------------------------------|--|--|----------|
| 12 years of age and older | 1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days | 91301 100 mcg/ 0.5 mL | 0011A First Dose (100 mcg/0.5 mL) 0012A Second Dose (100 mcg/0.5 mL) 0013A Third Dose (Immunocompromised) (100 mcg/0.5 mL) | 80777-273-10 80777-0273-10 80777-100-11 80777-0100-11 | 207 |
| 6 through 11 years of age* | 1st Dose to 2nd Dose: 1 Month 2nd Dose to 3rd Dose: (CDC recommended population[s] [eg, immunocompromised]): 1 Month | 91309 50 mcg/0.5 mL | 0091A First Dose (50 mcg/0.5 mL) 0092A Second Dose (50 mcg/0.5 mL) 0093A Third Dose (Immunocompromised) (50 mcg/0.5 mL) | 80777-275-05 80777-0275-05 | 221 |
| 6 months through 5 years of age | 1st Dose to 2nd Dose: 1 Month 2nd Dose to 3rd Dose: (CDC recommended population[s] [eg, immunocompromised]): 1 Month | 91311 25 mcg/0.25 mL | 0111A First Dose (25 mcg/0.25 mL) 0112A Second Dose (25 mcg/0.25 mL) 0113A Third Dose (Immunocompromised) (25 mcg/0.25 mL) | 80777-279-05 80777-0279-05 | 228 |
| 12 years of age and older | Bivalent Booster: Refer to FDA/CDC Guidance | 91313 Bivalent, 50 mcg/0.5 mL | 0134A (Bivalent Booster) | 80777-282-05 80777-0282-05 | 229 |
| 6 through 11 years of age | Bivalent Booster: Refer to FDA/CDC for Guidance | 91314 Bivalent 25 mcg/0.25 mL | 0144A (Bivalent Booster) | 80777-282-05 80777-0282-05 | 229 |

*If required by the payer for Centers for Disease Control and Prevention (CDC) COVID-19 vaccine acquired product, use the vaccine CPT code that describes the dose administered (1st, 2nd, 3rd, or bivalent booster) and vial presentation used. For primary series doses for individuals 6 through 11 years of age, use the Moderna COVID-19 Vaccine vial presentation labeled "BOOSTER DOSES ONLY," per the [Dear Health Care Provider \(HCP\) letter](#).

†The administration CPT codes align with the associated dose (1st, 2nd, 3rd, or bivalent booster) and vial presentation used for administration. CPT administration codes report the actual work of administering the vaccine, in addition to all necessary counseling provided to patients or caregivers and updating the records.

‡Note: For NCPDP billing, the quantity dispensed should be submitted with the value that represents the quantity of vaccine product administered (0.50 mL, 0.25 mL as appropriate). Other codes that may be needed for billing immunization: ICD-10 diagnosis code Z23, encounter for immunization.

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COVID-19 vaccines are available for emergency use through the CDC COVID-19 Vaccination Program (the Vaccination Program). To participate in the Vaccination Program, healthcare providers must enroll as providers and comply with the provider requirements. Vaccination providers in the Vaccination Program may not charge any fee for the vaccine and may not charge the vaccine recipient any out-of-pocket charge for administration. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients). For information regarding provider requirements and enrollment in the CDC COVID-19 Vaccination Program, see <https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html>.

IMPORTANT SAFETY INFORMATION

Contraindications

Do not administer the vaccines to individuals with a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Moderna COVID-19 Vaccine or Moderna COVID-19 Vaccine, Bivalent.

See additional Important Safety Information on the following page.



IMPORTANT SAFETY INFORMATION

Warnings and Precautions

- **Management of Acute Allergic Reactions:** Appropriate medical treatment to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccines. Monitor vaccine recipients for the occurrence of immediate adverse reactions according to the Centers for Disease Control and Prevention guidelines (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>).
- **Myocarditis and Pericarditis:** Postmarketing data demonstrate increased risks of myocarditis and pericarditis, particularly within 7 days following receipt of the second primary series dose or first booster dose. The observed risk is highest in males 18 through 24 years of age. The CDC has published considerations related to myocarditis and pericarditis after vaccination, including for vaccination of individuals with a history of myocarditis or pericarditis (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>).
- **Syncope (fainting):** May occur in association with administration of injectable vaccines. Procedures should be in place to avoid injury from fainting.
- **Altered Immunocompetence:** Immunocompromised persons, including individuals receiving immunosuppressive therapy, may have a diminished response to the vaccines.
- **Limitations of Vaccine Effectiveness:** The vaccines may not protect all vaccine recipients.

Adverse Reactions

Adverse reactions reported in clinical trials for individuals 6 years of age and older following administration of the Moderna COVID-19 Vaccine include pain at the injection site, fatigue, headache, myalgia, chills, nausea/vomiting, axillary swelling/tenderness, fever, erythema at the injection site, swelling at the injection site, and arthralgia.

Adverse reactions in children 6 months through 5 years of age following administration of Moderna COVID-19 Vaccine include pain at the injection site, irritability/crying, fatigue, sleepiness, loss of appetite, headache, fever, myalgia, chills, nausea/vomiting, axillary (or groin) swelling/tenderness, arthralgia, erythema at the injection site, and swelling at the injection site.

Anaphylaxis and other severe allergic reactions, myocarditis, pericarditis, and syncope have been reported following administration of the Moderna COVID-19 Vaccine during mass vaccination outside of clinical trials.

Additional adverse reactions, some of which may be serious, may become apparent with more widespread use of the vaccines.

Reporting Adverse Events and Vaccine Administration Errors

The vaccination provider is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS):

- vaccine administration errors whether or not associated with an adverse event
- serious adverse events (irrespective of attribution to vaccination)
- cases of myocarditis
- cases of pericarditis
- cases of Multisystem Inflammatory Syndrome (MIS)
- cases of COVID-19 that result in hospitalization or death

Complete and submit reports to VAERS online at <https://vaers.hhs.gov/reportevent.html>. For further assistance with reporting to VAERS, call 1-800-822-7967. Reports should include the words "Moderna COVID-19 Vaccine EUA" or "Moderna COVID-19 Vaccine, Bivalent EUA" in the description section of the report.

Report to ModernaTX, Inc. by calling 1-866-MODERNA (1-866-663-3762) or provide a copy of the VAERS form by faxing 1-866-599-1342 or emailing ModernaPV@modernatx.com.

Please see the Vaccine Fact Sheets for Healthcare Providers Administering Vaccine (Vaccine Providers) and Full Prescribing Information for:

- **Bivalent Booster Dose for 6+ years:** <https://eua.modernatx.com/covid19vaccine-eua/bivalent-dose-HCP.pdf>
- **Primary series for 12+ years:** <https://eua.modernatx.com/covid19vaccine-eua/eua-fact-sheet-providers.pdf>
- **Primary series for 6-11 years:** <https://eua.modernatx.com/covid19vaccine-eua/6-11y-facts-HCP.pdf>
- **Primary series for 6 months-5 years:** <https://eua.modernatx.com/covid19vaccine-eua/6m-5y-facts-HCP.pdf>

For questions related to billing, contact Moderna Customer Care at:
1-866-MODERNA (1-866-663-3762)

For more information, please see Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) and Full EUA Prescribing Information, and Fact Sheet for Vaccine Recipients and Caregivers at eua.modernatx.com/covid19vaccine-eua.

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