

## COVID-19 Vaccine, Testing and Treatment Codes

### COVID-19 Vaccine Codes

Once a COVID-19 vaccine has EUA or approval from the FDA, Tufts Health Plan will accept the CPT and administrative codes for the state-supplied vaccine. **Note:** Tufts Health Plan follows state guidelines when determining which vaccines and immunizations are state-supplied.

Providers should not submit 90460 – 90474 for the administration of SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines.

Code	Description
91300	SARSCOV2 VAC 30MCG/0.3ML IM; Pfizer-Biontech Covid-19 Vaccine
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST; Pfizer-Biontech Covid-19 Vaccine Administration – First Dose
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND; Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD; Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose
0004A	ADM SARSCOV2 30MCG/0.3ML BST; Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose
91301	SARSCOV2 VAC 100MCG/0.5ML IM; Moderna Covid-19 Vaccine
91302	SARSCOV2 Vaccine 5x10 <sup>10</sup> viral particles/0.5mL dosage, IM USE – Oxford-AstraZeneca
0021A	IMM ADMN SARSCOV2 5x10 <sup>10</sup> viral particles/0.5ML First Dose – Oxford-AstraZeneca
0022A	IMM ADMN SARSCOV2 5x10 <sup>10</sup> viral particles/0.5ML 2ND Dose – Oxford-AstraZeneca
91304	SARSCOV2 Vaccine - Preservative Free 5 MCG/0.5 ML IM USE - Novavax
0041A	IMM ADMN SARSCOV2 - Preservative Free 5 MCG/0.5ML – 1st dose - Novavax
0042A	IMM ADMN SARSCOV2 - Preservative Free 5 MCG/0.5ML – 2nd dose - Novavax
91305	SARSCOV2 Vaccine Tris-sucrose 30 MCG/0.3 ML IM USE - Pfizer
91305 SL	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Gray Cap)
0011A	ADM SARSCOV2 100MCG/0.5ML1ST; Moderna Covid-19 Vaccine Administration – First Dose
0012A	ADM SARSCOV2 100MCG/0.5ML2ND; Moderna Covid-19 Vaccine Administration – Second Dose
0013A	ADM SARSCOV2 100MCG/0.5ML3RD; Moderna Covid-19 Vaccine Administration – Third Dose
0051A	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – First dose
0052A	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Second dose
0053A	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Third dose
0054A	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Booster
0064A	ADMN SARSCOV2 50MCG/0.25 ML Booster - Moderna
91303	SARSCOV2 VAC AD26 .5ML IM; Janssen COVID-19 Vaccine
0031A	ADM SARSCOV2 VAC AD26 .5ML – First Dose
0034A	ADMN SARSCOV2 5x10 <sup>10</sup> viral particles/0.5ML Booster – Janssen

Code	Description
91306	SARSCOV2 Vaccine 50 MCG/0.25 ML IM; - Moderna
0064A	IMM ADMN SARSCOV2 50MCG/0.25 ML Booster – Moderna
91307	SARSCOV2 Vaccine Tris-sucrose 10 MCG/0.2 ML IM; Ages 5-11 – Pfizer
0071A	ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose 1st Dose – Pfizer
0072A	ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose 2nd Dose – Pfizer
0073A	Pfizer-Biontech Covid-19 Vaccine Pre-Diluted (Orange Cap) Administration – Third dose
0074A	IMM ADMN SARSCOV2 10 MCG/0.2ML Tris-sucrose Booster – Pfizer
91308	SARSCOV2 Vaccine Tris-sucrose 3 MCG/0.2 ML IM USE, Ages 6 mos – 4 yrs -Pfizer
0081A	IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 1st Dose - Pfizer
0082A	IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 2nd Dose - Pfizer
0083A	IMM ADMN SARSCOV2 3 MCG/0.2ML Tris-sucrose 3rd Dose - Pfizer
91309	SARSCOV2 Vaccine - Preservative Free 50MCG/0.5 ML IM USE – Moderna
0091A	IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 1st dose, Ages 6 mos – 11 yrs Moderna
0092A	IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 2nd dose, Ages 6 mos – 11 yrs Moderna
0093A	IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – 3rd dose, Ages 6 mos – 11 yrs Moderna
0094A	IMM ADMN SARSCOV2 - Preservative Free 50MCG/0.5ML – adult booster Moderna
91311	SARSCOV2 Vaccine 25 MCG/0.25 ML IM USE - Ages 6 mos – 5 yrs - Moderna
0111A	IMM ADMN SARSCOV2 25 MCG/0.25 ML 1ST Dose - Moderna
0112A	IMM ADMN SARSCOV2 25 MCG/0.25 ML 2ND Dose - Moderna
91312	SARSCOV2 Vaccine Bivalent 30 MCG/0.3 ML IM USE - Pfizer
0124A	IMM ADMN SARSCOV2 30MCG/0.3ML Bivalent Booster Dose - Pfizer
91313	SARSCOV2 Vaccine Bivalent 50 MCG/0.5 ML IM USE - Moderna
0134A	IMM ADMN SARSCOV2 50 MCG/0.5ML Bivalent Booster Dose - Moderna
91316	SARSCOV2 Vaccine Bivalent 10 MCG/0.2 ML IM USE – Moderna
0164A	IMM ADMN SARSCOV2 10 MCG/0.2 ML Bivalent Booster Dose - Moderna
91317	SARSCOV2 Vaccine Bivalent 3 MCG/0.2 ML IM USE – Pfizer
M0201	COVID-19 vaccine administration inside a patient's home <b>Note:</b> M0201 should only be reported once per individual home, per date of service, in addition to the appropriate vaccine administration codes listed.

### Dental Codes

The following administration codes should be used by dental providers administering COVID-19 vaccines.

Code	Description
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose

<b>Code</b>	<b>Description</b>
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration - second dose
D1707	Janssen Covid-19 vaccine administration – single dose

### COVID-19 Testing Codes

Tufts Health Plan will pay 100% of the allowed amount for medically necessary lab testing when billed with the following codes (this list may not be all inclusive and may be subject to frequent updates as new information is released):

**Note:** Effective for dates of service on or after Sept. 1, 2022, G2023 or G2024 for COVID-19 specimen collection will only be reimbursed when billed by an independent clinical laboratory, and HCPCS code C9803 should be reported when COVID-19 specimen collection occurs during a hospital outpatient clinic visit. Refer to the [Laboratory and Pathology Payment Policy](#) for more information.

Code	Description
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Proprietary laboratory analyses to detect SARS-CoV-2
0226U	Proprietary laboratory analyses to detect SARS-CoV-2
86328	Immunoassay
86408	SARS-CoV-2 neutralizing antibody screen
86409	SARS-CoV-2 neutralizing antibody titer
87635	Microbiological testing Note: The AMA CPT Editorial Panel approved the new, specific CPT code 87635. For more information, refer to the <a href="#">CPT Assistant AMA Fact Sheet</a> .
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
86769	Antibody
99211	Specimen collection is the only service rendered by clinical staff during a physician office visit
G2023	Specimen collection
G2024	Specimen collection by an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a Home Health Agency
U0001	CDC testing
U0002	Non-CDC testing
U0003	High-throughput technologies for infectious agent detection
U0004	High-throughput non-CDC
U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

**COVID-19 Treatment Codes**

Tufts Health Plan covers monoclonal antibody treatment, without prior authorization, as outlined by the Food and Drug Administration (FDA), [Centers for Medicare & Medicaid Services \(CMS\)](#) and [Centers for Disease Control and Prevention \(CDC\)](#). Please refer to the medical necessity guidelines for [COVID-19 Monoclonal Antibody Therapy](#) for additional information.

Tufts Health Plan continues to waive cost share, including copays, for COVID-19 treatment as required by state and federal mandates for Massachusetts and Rhode Island Commercial members and Tufts Health Direct. Refer to the chart outlined below for covered COVID-19 diagnoses.

ICD-10 Code	Description	Comments
U07.1	COVID-19	<ul style="list-style-type: none"> <li>Member cost share may be waived <b>only</b> if COVID-19 diagnosis code <b>U07.1</b> or <b>Z20.822</b> is billed in any position</li> <li>For professional claims, member cost sharing is waived only for the service lines related to the COVID-19 treatment</li> </ul>
Z20.822	Contact with and (suspected) exposure to COVID-19	
J12.82	Pneumonia due to COVID-19	Covered for Massachusetts Commercial and Tufts Health Direct plans in accordance with Massachusetts Division of Insurance <a href="#">Bulletin 2021-08</a> .
M35.81	Multi-system inflammatory syndrome	Covered for Massachusetts Commercial and Tufts Health Direct plans when billed with <b>ICD-10 B94.8</b> in accordance with Massachusetts Division of Insurance <a href="#">Bulletin 2021-08</a> .
M35.89	Other specified systemic involvement of connective tissue	