

Title: **Government Supplied Vaccines and Antibody Treatments**

Policy Number: RP-064

Version Number: 2026.08.31

Medicare Advantage: PA, WV, DE, NY
Commercial: PA, WV, DE, NY
Claim Type: CMS 1500 and UB04

Version Effective: August 31, 2026
Originally Effective: October 26, 2020
History Versions: [Click Here → History](#)

Disclosure: The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.

Description:

This policy directs reimbursement guidelines for vaccines provided at no cost to the provider by a state or federal agency.

Reimbursement Guidelines:

The Plan does not reimburse for vaccines obtained at no cost to the provider. Modifier SL is used to identify the vaccine was obtained at no cost to the provider. The Plan will reimburse for the administration of the vaccines in accordance with the patient's benefit coverage.

Administration codes include vaccine risk/benefit counseling when performed. Therefore, a separate evaluation and management (E/M) code should **not** be reported, unless performed as a separately identifiable service distinct from the vaccine administration and documented in the medical records. E/M services submitted as separately identifiable and distinct from the administration service should be reported with modifier 25 appended to the line.

Applicable Administration codes: 90460 90461 90471 90472 90473 90474 G0008 G0009 G0010

Note: Do not report codes 90460–90474 for the administration of SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines.

Coding:

Report the administration of state-supplied vaccines as follows:

1. Procedure codes for both the vaccine supply and the administration should be submitted on the same claim.
2. Report the vaccine supply using the appropriate procedure code and append modifier SL for the vaccines administered.
3. Report the administration service with the procedure code that accurately reflects the administration of the vaccine. **Do not** append modifier SL to the administration procedure code.

Definitions:

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
SL	State supplied vaccine

References: N/A

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-035: Correct Coding Guidelines

Policy Update History:

4 / 2025	Removed codes M0220-M0223, M0240, M0241, M0243 - M0247, Q0220 - Q0222, Q0240, Q0243-Q0245, Q0247
8 / 2026	Removed special direction for SARS-CoV-2 vaccines and antibody treatments

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-064
Subject: Government Supplied Vaccinations and Antibody Treatments
Effective Date: October 26, 2020
Issue Date: April 1, 2025
Date Reviewed: March 2025
Source: Reimbursement Policy

End Date:
Revised Date: April 2025

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	☒	WV	☒	DE	☒	NY	☒
PA	☒	WV	☒	DE	☒	NY	☒
UB	☒	1500	☒				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy addresses reimbursement guidelines for vaccines provided at no cost to the provider by a state or federal agency.

DEFINITIONS:

SL Modifier: State supplied vaccine

REIMBURSEMENT GUIDELINES:

Vaccines and Vaccine Administration

The Plan does not reimburse for vaccine(s) obtained at no cost to the provider. Modifier SL is used to identify the vaccine(s) was obtained at no cost to the provider. The Plan will reimburse for the administration of the vaccine(s) in accordance with the patient's benefit coverage. The SL modifier should **not** be appended to the administration code.

Report the administration of state-supplied vaccines as follows:

1. Procedure codes for both the vaccine supply and the administration should be submitted on the same claim.
2. Report the vaccine supply using the appropriate procedure code(s) and append modifier SL for the vaccines administered.

3. Report the administration service(s) with the CPT code(s) that accurately reflects the administration of the vaccine(s). Do not append modifier SL to the administration procedure code(s).

Administration codes include vaccine risk/benefit counseling when performed. Therefore, a separate evaluation and management (E/M) code should **not** be reported, unless performed as a separately identifiable service distinct from the vaccine administration and documented in the medical records. E/M services submitted as separately identifiable and distinct from the administration service should be reported with modifier 25 appended to the line.

Applicable Administration codes:

*90460 *90461 *90471 *90472 *90473 *90474 G0008 G0009 G0010

***Note:** Do not report codes 90460–90474 for the administration of SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines.

Coronavirus [COVID-19] (SARS-CoV-2) Vaccine and Administration

Effective January 1, 2022, the Plan **will** separately reimburse for the vaccine(s) and administration(s) of the vaccine(s) in accordance with the patient's benefit coverage. E/M services submitted as separately identifiable and distinct from the administration service should be reported with modifier 25 appended to the line. Please see history versions of this policy for reimbursement direction prior to January 1, 2022.

Applicable coronavirus (COVID-19) vaccine codes:

91304 91311 91318 91389 91320 91321 91322

Applicable coronavirus (COVID-19) vaccine administration codes:

*M0201 90480

Note: Report SL modifier with codes for vaccines received for free.

***Note:** M0201 will only be reimbursed in the Home place of service when billed by itself or with a coronavirus vaccine code and/or coronavirus vaccine administration code.

Coronavirus [COVID-19] (SARS-CoV-2) Antibody Treatment and Antibody Treatment Administration

Effective January 1, 2022, the Plan **will** separately reimburse for the antibody treatment(s) and administration(s) of the antibody treatment(s) in accordance with the patient's benefit coverage, for dates of service between January 1, 2022, and the effective date in which the EUA was rescinded for that service.

E/M services submitted as separately identifiable and distinct from the administration service should be reported with modifier 25 appended. See policy history versions for direction prior to January 1, 2022.

Applicable Antibody Treatment codes: Q0249

Applicable Antibody Treatment Administration codes: M0248 M0249 M0250

Note: Report SL modifier with codes for antibody treatments that were received for free.

The FDA has rescinded the emergency use authorization (EUA) for the monoclonal antibody therapy and COVID vaccine services listed below. These treatments, as well as the administration thereof, will not be separately reimbursed on and after the date indicated.

Effective April 5, 2022, for Xevudy (sotrovimab): M0248

Effective April 18, 2023, for Moderna and Pfizer-BioNTech Vaccines:

0001A 0002A 0003A 0004A 0011A 0012A 0013A 0051A 0052A 0053A 0054A
 0064A 0071A 0072A 0073A 0074A 0081A 0082A 0083A 0091A 0092A 0093A
 0094A 0111A 0112A 0113A 91300 91301 91305 91306 91307 91308 91309
 91311

Effective June 1, 2023, for Janssen Vaccines: 91303 0031A 0034A

REFERENCES:

- American Medical Association (AMA), *COVID-19 CPT Vaccine and immunization codes*
- American Medical Association (AMA), *CPT Assistant*; Special Edition: Vaccine Coding Development for COVID-19
- Centers for Medicare & Medicaid Services (CMS); COVID-19 Vaccines and Monoclonal Antibodies, Medicare Part B Payment for COVID-19 Vaccines and Certain Monoclonal Antibodies during the Public Health Emergency
- Centers for Medicare & Medicaid Services (CMS); Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction
- Centers for Medicare & Medicaid Services (CMS); Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans
- Centers for Disease Control and Prevention; COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations

POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
1 / 2021	Added codes 0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 91300, 91301, 91302, G0008, G0009, G0010, Q0239, M0239, Q0243, M0243. Added direction for COVID vaccine and antibody treatments. Added Medicare Advantage and reference sections.
2 / 2021	Added notes for modifier SL reporting for COVID related codes.
3 / 2021	Added codes Q0245, M0245, 0031A, 91303 to both MA and Commercial sections.
5 / 2021	Added codes M0244 and M0246 to both MA and Commercial sections.
7 / 2021	Removed codes Q0239 and M0239. Added M0201, Q0244, Q0247, M0247 and M0248 to both MA and Commercial section.
8 / 2021	Added codes M0249, M0250, Q0249 0003A and 0013A. Added direction for M0201.
9 / 2021	Added codes M0240, M0241, Q0240.

10 / 2021	Added code 0004A.
11 / 2021	Added NY region applicable to the policy. Added codes 0034A, 0064A, 0071A, 0072A, 91306, and 91307.
1 / 2022	Added Delaware Medicare Advantage applicable to the policy. Extended the time period in which CMS will be reimbursing the coronavirus services and the reimbursement change for MA vaccine administration. Added codes Q0220, M0220, M0221.
2 / 2022	Added codes 91305, 0051A, 0052A, 0053A, 0054A, 0073A
3 / 2022	Added codes Q0221, Q0222, M0222, M0223. Updated reimbursement direction for SARs Cov2 vaccines and antibody services including administrations.
4 / 2022	Updated direction for codes Q0247, M0247, and M0248.
6 / 2022	Added 0074A.
8 / 2022	Added 0081A - 0083A, 0111A - 0113A, 0091A - 0094A, 91308, 91311.
9 / 2022	Added 91312, 91313, 0124A, 0134A.
10 / 2022	Updated direction for codes Q0240, Q0243, Q0244, M0240, M0241, M0243, and M0244.
11 / 2022	Added 91314, 91315, 0144A, 0154A, 0044A
1 / 2023	Added 0104A, 0164A, 0173A, 91316, 91317. Updated direction for codes Q0222, M0222, M0223 and corrected the rescinded date for Bamlanivimab and Etesevimab.
2 / 2023	Updated direction for codes Q0220, Q0221, M0220, M0221
4 / 2023	Added 0174A
5 / 2023	Updated direction for codes 0001A - 0004A, 0011A - 0013A, 0051A - 0054A, 0064A, 0071A - 0074A, 0081A - 0083A, 0091A - 0094A, 0111A - 0113A, 91300, 91301, 91305 - 91309, 99311. Added codes 0121A, 0141A, 0142A, 0151A, 0171A, 0172A.
7 / 2023	Updated direction for 91303, 0031A, 0034A
10 / 2023	Added 90480, 91318 - 91322. Removed 91312 - 91316, 0121A - 0174A
11 / 2023	Removed codes 91300 - 91303, 91305 - 91309, and 0001A - 0013A.
12 / 2024	Added codes M0224 and Q0224
4 / 2025	Removed codes M0220 - M0223, M0240, M0241, M0243 - M0247, Q0220 - Q0222, Q0240, Q0243 - Q0245, Q0247