

# How to Bill the Coronavirus Vaccine

COVID-19 Vaccine  
Admin Fee Change:

\$40 per dose  
Medicare/Private

\$83 per dose AHCCCS

- **Medicare Part B Roster Billing:** Collect the Medicare or SS# and not the Advantage Plan number to submit claims. **NEW!** Homebound admin fee \$75 [Register as mass immunizer](#)
- **Medicaid:** AHCCCS will reimburse any qualified provider including non-Medicaid providers. Must [register with AHCCCS](#) & check FAQs for [Policy](#). **NEW!** Admin Fee \$83
- **Uninsured:** HRSA will reimburse uninsured/underinsured admin fee to registered providers [Optum Enrollment](#)
- **No Patient Out-of-Pocket:** Do not balance bill patients or charge a cash fee. Submit to private plan, AHCCCS, Medicare or HRSA

# Moderna: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/1	AHCCCS <u>Payment</u> After 8/9
91301	Moderna Covid-19 Vaccine	SARSCOV2 VAC 100MCG/0.5ML IM	80777-273-10 vial NDC <b>80777-273-99 carton NDC</b>	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0011A	Moderna Covid-19 Vaccine Administration – <b>First Dose</b>	ADM SARSCOV2 100MCG/0.5ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0012A	Moderna Covid-19 Vaccine Administration – <b>Second Dose</b>	ADM SARSCOV2 100MCG/0.5ML2ND	Dosing Interval: 28 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0013A	Moderna Covid-19 Vaccine Administration – <b>Third Dose</b>	ADM SARSCOV2 100MCG/0.5ML3RD	Dosing Interval: 28 days after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00
<b>Moderna Booster Codes</b>									
91306	Moderna Covid-19 Vaccine (Low Dose)	SARSCOV2 VAC 50MCG/0.25ML IM		\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0064A	Moderna Covid-19 Vaccine Administration – <b>Booster Dose</b>	ADM SARSCOV2 50MCG/0.25MLBST	6 months after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

# J&J: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/1	AHCCCS <u>Payment</u> After 8/9
91303	Janssen COVID-19 Vaccine	SARSCOV2 VAC AD26 .5ML IM	59676-580-05 <b>vial NDC</b> 59676-580-15 <b>carton NDC</b>	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0031A	Janssen COVID-19 Vaccine Administration	ADM SARSCOV2 VAC AD26 .5ML	1 Dose Vaccine	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0034A	Janssen COVID-19 Vaccine Administration <b>Booster</b>	ADM SARSCOV2 VAC AD26 .5ML 2	Booster dose 2 months after dose 1	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

# **Pfizer 12+ (Purple Cap):** CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the PH Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91300	Pfizer-Biontech Covid-19 Vaccine	SARSCOV2 VAC 30MCG/0.3ML IM	59267-1000-01 vial NDC <b>59267-1000-02 carton NDC</b> 59267-1000-03 diluent NDC	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – <b>First Dose</b>	ADM SARSCOV2 30MCG/0.3ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – <b>Second Dose</b>	ADM SARSCOV2 30MCG/0.3ML2ND	Dosing Interval: 21 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0003A	Pfizer-Biontech Covid-19 Vaccine Administration – <b>Third Dose</b>	ADM SARSCOV2 30MCG/0.3ML3RD	Dosing Interval: 28 days after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0004A	Pfizer-Biontech Covid-19 Vaccine Administration – <b>Booster Dose</b>	ADM SARSCOV2 30MCG/0.3MLBST	Dosing Interval: 6 months after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

# **Pfizer Pediatric (Orange Cap):** CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the PH Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91307	Pfizer-Biontech Covid-19 Pediatric Vaccine	ADM SARSCV2 10MCG TRS-SUCR 1	59267-1055-04 NDC	N/A	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0071A	Pfizer-Biontech Covid-19 Pediatric Vaccine Administration – <b>First Dose</b>	ADM SARSCV2 10MCG TRS-SUCR 1		N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0072A	Pfizer-Biontech Covid-19 Pediatric Vaccine Administration – <b>Second Dose</b>	ADM SARSCV2 10MCG TRS-SUCR 1	Dosing Interval: 21 days after dose 1	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

**NEW!** As of 06.10.2021 Medicare will pay \$75 per dose for a total of \$150 for a 2 dose series for home bound patients.

**NEW!** AHCCCS COVID-19 Vaccine Reimbursement Rate increased to \$83.00 on 8/9/2021.

**NOTE:** Many plans do not have pediatric codes loaded yet so claims are being denied. Consider holding until updated.

**NEW!** Home Vaccine Admin code M0201 \$35.50



## Pfizer 12+ Ready to Use (Grey Cap): CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the PH Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91305	Pfizer-BioNTech Covid-19 Vaccine (Ready to Use)	SARSCOV2 VAC 30MCG/0.3ML IM	TBD	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0051A	Pfizer-BioNTech Covid-19 Vaccine (Ready to Use) Administration - <b>First dose</b>	ADM SARSCOV2 30MCG/0.3ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0052A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – <b>Second Dose</b>	ADM SARSCOV2 30MCG/0.3ML2ND	Dosing Interval: 21 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0053A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – <b>Third Dose</b>	ADM SARSCOV2 30MCG/0.3ML3RD	Dosing Interval: 28 days after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0054A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – <b>Booster Dose</b>	ADM SARSCOV2 30MCG/0.3MLBST	Dosing Interval: 6 months after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

**NEW! Coming Soon** Pfizer Ready to Use Presentation (pre-mixed) will be available near the end of the year.

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies> & <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

# Medicare 3<sup>rd</sup> Dose vs Booster

- **Immunocompromised 3<sup>rd</sup> Dose:** If you administer additional vaccine doses on or after August 12, 2021, acknowledge and document (e.g., in the medical record) your patient's self-reported qualifying conditions for the additional dose and bill the appropriate billing code for administering an additional dose.
- **Booster Dose:** If you administer booster doses on or after September 22, 2021, bill as booster dose with specific code.

# CARES Act Provider Relief Fund:

Providers may seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient such as:

- vaccine recipient's private insurance company
- Medicare or Medicaid reimbursement
- HRSA COVID-19 Uninsured/Underinsured Program for non-insured vaccine recipients & low payments

**May not seek any reimbursement, including through balance billing, from the vaccine recipient.**  
Regardless of insurance status, cannot charge patients for the administration of COVID-19 vaccine

May not charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided & May not require patients seek additional medical services to receive COVID-19 vaccination



# Uninsured & Underinsured Patients and the Vaccine Admin Fee

1. **Uninsured:** HRSA partnered with UHC's Optum Pay for uninsured vaccine admin fee
  - All providers must [register](#) with Optum to submit uninsured claims for the administration fee
2. **Underinsured:** HRSA established the Coverage Assistance Fund for underinsured vaccine admin fee (if you get less than \$40, can submit the balance)
  - All providers must register with the Coverage Assistance Fund (CAF) Portal <https://bit.ly/3aSyijU>

Billing Guides: <https://whyimmunize.org/covid-19-provider-resource-page/>

HRSA

**COVID-19 Claims Reimbursement**

to Health Care Providers and Facilities for Testing and Treatment of the Uninsured



**No ID or insurance is required to receive a COVID-19 Vaccine and you will not be charged today.** Patients who do have insurance, your insurance company will be billed.

**We may be asking you to share:**

#### Your insurance policy information

- Insurance reimbursement helps support the cost of these special clinics. You will not be charged for any insurance copays, deductibles or co-insurance.

#### Your Medicare Member Benefits (MBI) number, even if you are covered under an Advantage Plan

- If you have Medicare coverage, we need your MBI to bill Medicare
- If you are covered under an Advantage Plan, we need your MBI because Medicare requires submission of COVID-19 claims directly to Medicare and NOT to the Advantage Plan.

#### Social Security Number, Driver's License Number and State of Residence

- We need this information to bill a special Federal program for the uninsured, in case your policy has lapsed or if you don't have insurance.
- Your SSN will allow us to look up your insurance coverage, in case there are errors in your insurance information.

**You will receive COVID-19 Vaccine today if you do not have insurance or can not provide the information requested.**

*Please help us: When registering in our system, enter all your personal and insurance information carefully. Thank you!*



**COVID-19 Vaccines are free for everyone!**

# COVID-19 Insurance Explanations for Patients and Staff

<https://whyimmunize.org/wp-content/uploads/2021/05/COVID-19-Vaccine-Insurance-Information-Sign-w-edits.pdf>

# Additional Resources

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**Find a Lost Record**

**Vaccine Match Maker App**

**Patient Messaging**

**ADHS Vaccine Notices:**

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#healthcare-professionals-publications>



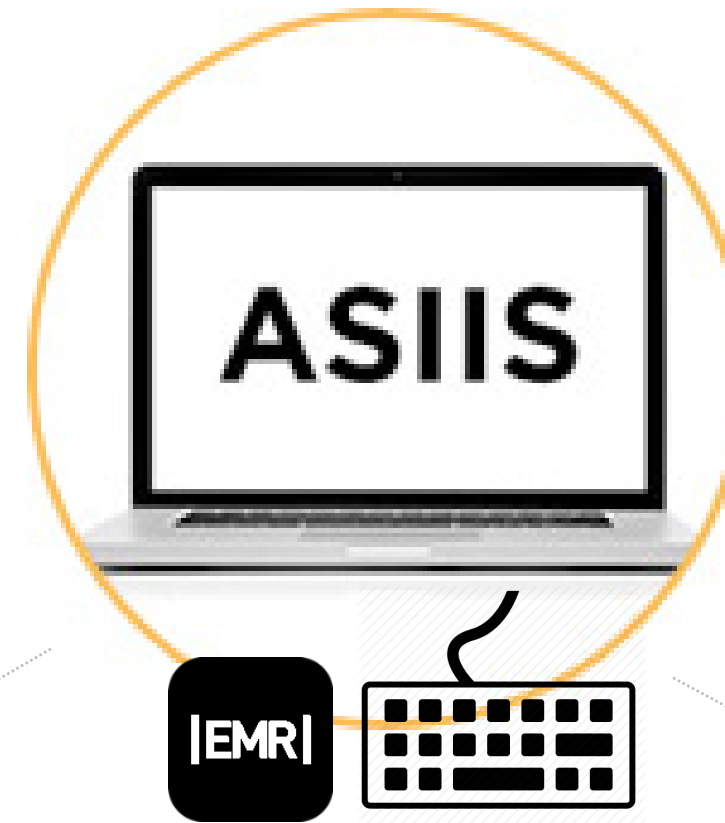


# Don't Waste an Arm.

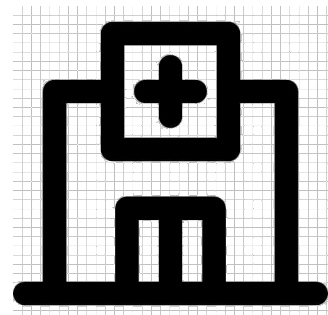
- It is too expensive to make single dose vials.
- There are millions of doses in the US and being share with other countries about to expire.
- If you have 1 patient in a day that wants the vaccine, give it and throw away the rest.
- There is no mechanism to have to replace doses.
- Will not count against VFC.

# AZ IMMUNIZATION DATA/INVENTORY EXCHANGE

- CDC sends ADHS # of doses for AZ.
- Offices order directly from ASIIS
- ADHS approves doses in ASIIS provider account.
- Providers accept doses in ASIIS.
- Doses shipped to location by CDC distributor.
- Doses administered by provider.
  - **Report patient record to ASIIS - vaccine inventory adjusted.**
  - **Reports doses given & appointments to Vaccine Finder daily.**
- Office bills health plan for admin fee.
- ASIIS reports inventory to CDC.



Dose inventory  
to CDC and  
vaccine shipped



Adult/Specialty  
EMRs connect to HIE



Hospital EMRs  
connect to HIE



Pharmacy HIE/ASIIS  
by middle Interface.  
~2,000 connected



**Traditional Vaccine Providers:** Pediatrics,  
FQHCs and LHD use data entry & 500  
locations EMR exchanges. IHS HL7/data entry



# WHERE DO YOU REPORT DOSES?



**Vaccines.gov** Home Find COVID-19 Vaccines

Need help finding a COVID-19 vaccine in the U.S.? Call 1-800-232-0233

Vaccines.gov is powered by VaccineFinder

### COVID-19 Vaccine Provider Information

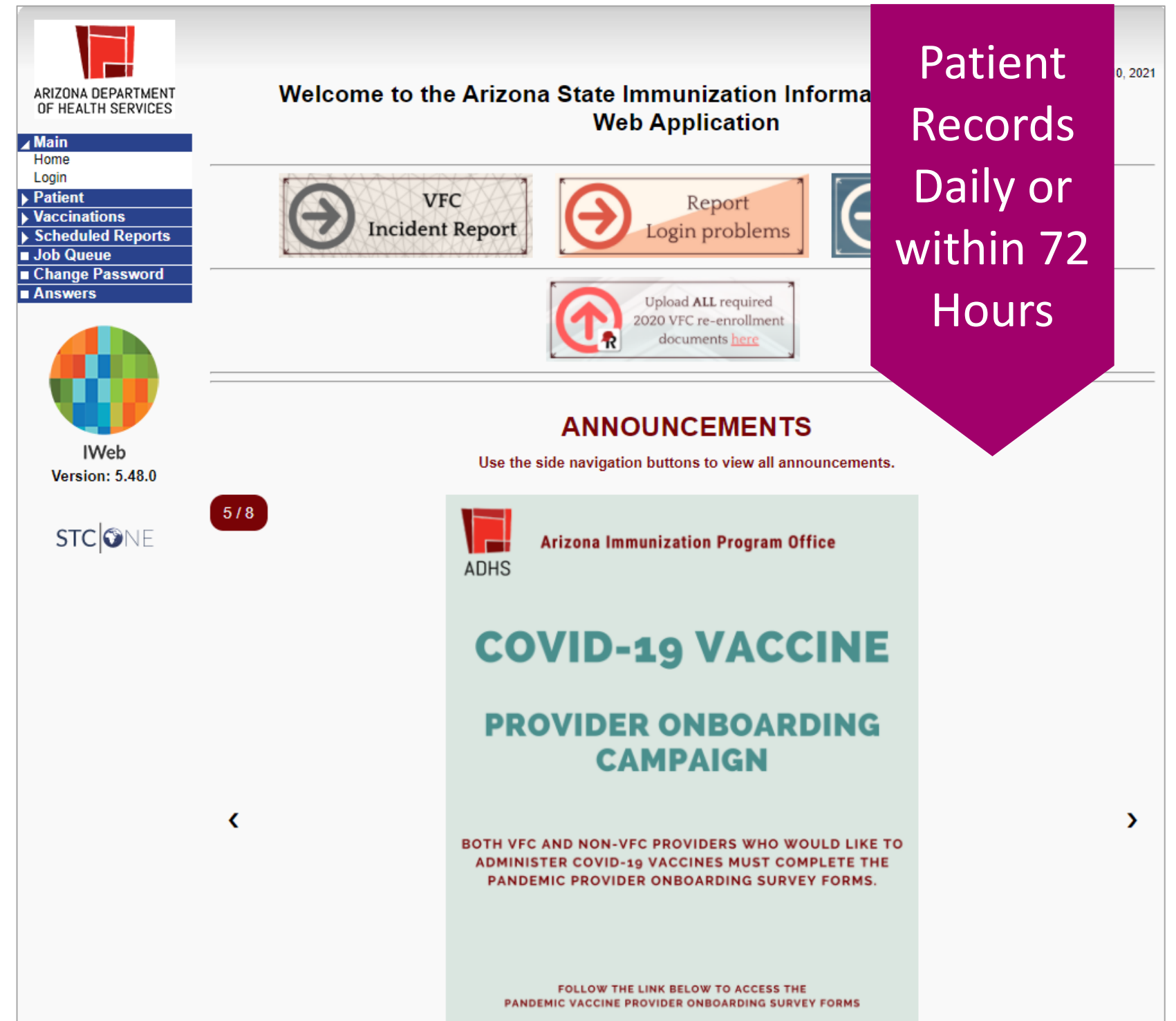
The VaccineFinder platform helps the public find providers that offer COVID-19 vaccines in communities across the United States. VaccineFinder data are sourced via the provider platform Locating Health.

### VaccineFinder's role in the COVID-19 response

VaccineFinder and Locating Health provider platforms will serve two roles in the COVID-19 Vaccination Program:

- 1. Inventory Reporting**  
*Required for all providers*  
COVID-19 vaccination providers will report on-hand COVID-19 vaccine inventory each day.
- 2. Increase access to COVID-19 vaccines**  
*Optional for providers*  
Once there is enough supply, providers may choose to make their locations visible on VaccineFinder, making it easier for the public to find provider locations that have COVID-19 vaccine available. CDC will be directing the public to use VaccineFinder to find locations offering COVID-19 vaccine.

Doses  
On Hand  
Daily



**ARIZONA DEPARTMENT OF HEALTH SERVICES**

## Welcome to the Arizona State Immunization Information System Web Application

**Main**  
Home  
Login

**Patient**  
Vaccinations  
Scheduled Reports  
Job Queue  
Change Password  
Answers

**VFC Incident Report** **Report Login problems**

Upload ALL required 2020 VFC re-enrollment documents [here](#)

### ANNOUNCEMENTS

Use the side navigation buttons to view all announcements.

**Arizona Immunization Program Office**  
ADHS

## COVID-19 VACCINE PROVIDER ONBOARDING CAMPAIGN

BOTH VFC AND NON-VFC PROVIDERS WHO WOULD LIKE TO ADMINISTER COVID-19 VACCINES MUST COMPLETE THE PANDEMIC PROVIDER ONBOARDING SURVEY FORMS.

FOLLOW THE LINK BELOW TO ACCESS THE PANDEMIC VACCINE PROVIDER ONBOARDING SURVEY FORMS

Patient  
Records  
Daily or  
within 72  
Hours

## Reporting Administered Doses

Electronic Reporters - Booster doses must be sent to ASIIS as half doses with a volume size of 0.25 in RXA-6 (numbers only, no units please). If reporting units, "mL" shall be entered in RXA-7. For additional assistance with HL7 reporting of COVID-19 doses please refer [here](#).

**Manual Reporters** - Dose size can be indicated directly in the patient's record and must be entered as a half dose:

Patient			
Name:	TEST T ADVANCED	SIIS Patient ID:	11530275
Date of Birth:	01/27/2016	Age:	300 weeks, 69 months, 5 yrs
Guardian:		Organization Level Status:	Inactive

Vaccination Detail Add	
<b>Vaccine 1:</b>	COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose (Moderna)
<b>Date Administered:</b>	10/27/2021
<b>Historical:</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO
Manufacturer:	<input type="text"/> <a href="#">Click to select</a>
Lot Number:	<input type="text"/>
Lot Facility:	<input type="text"/>
Funding Source:	<input type="text"/>
Provider Noted on Record:	<input type="text"/>
Lot Noted on Record:	<input type="text"/>
Manufacturer Noted on Record:	<input type="text"/>
Facility:	Select...
Vaccinator:	Scan Barcode Here <input type="text"/> Select...
Anatomical Site:	Scan Barcode Here <input type="text"/> Select...
Anatomical Route:	Scan Barcode Here <input type="text"/> Select...
<b>Dose Size:</b>	Half
Volume (CC):	<input type="text"/>
VFC Status:	Patient is not VFC Eligible.
District/Region:	<input type="text"/>
VIS Publications Dates:	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
Date VIS Form Given:	10/27/2021
Ordering Provider:	Sel...
Comments:	<input type="text"/>

## Reporting Wastage for Moderna

Please use the following table as a guide to determine whether or not wastage needs to be reported. Quick rule of thumb: As long as the vial has been punctured 14 times and 14 doses were administered (regardless if they were full primary series doses or half booster doses) there will be no reported wastage.

Moderna 14 Dose Vial Wastage Table

	Full doses	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Half Doses	0	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
1	13	12	11	10	9	8	7	6	5	4	3	2	1	0		
2	12	11	10	9	8	7	6	5	4	3	2	1	0			
3	11	10	9	8	7	6	5	4	3	2	1	0				
4	10	9	8	7	6	5	4	3	2	1	0					
5	9	8	7	6	5	4	3	2	1	0						
6	8	7	6	5	4	3	2	1	0							
7	7	6	5	4	3	2	1	0								
8	6	5	4	3	2	1	0									
9	5	4	3	2	1	0										
10	4	3	2	1	0											
11	3	2	1	0												
12	2	1	0													
13	1	0														
14	0															
15																
16																
17																
18																
19																
20																

Green Area = No Waste Reported

The number of full doses administered (primary series) is listed across the top. The number of half doses administered (booster doses) is listed on the left side of the chart. Identify the appropriate line for each type of dose administered from a single vial. The **intersection** of those lines represents the number of doses wasted. If your intersection lands within the green field, no wastage occurred, and no wastage reporting is necessary.

# Need Vaccine? Have too Much?

## Join the ADHS Vaccine Match Maker App

<https://www.azdhs.gov/covid19/documents/vaccines/transfer-matchmaker.pdf>

### COVID-19 Vaccine Transfer Matchmaker



#### Do you have more vaccines than you can use?

List them on the [Arizona COVID-19 Vaccine Transfer Matchmaker Website](#) using the "Add Vaccine" form on the website.



#### Do you need to place a vaccine order?

First, check the [Arizona COVID-19 Vaccine Transfer Matchmaker Website](#) for vaccine available at a location near you, and submit a "Request Vaccine" form on the website. The table on the left shows vaccines that are available for providers to request.

100,435  
Vaccines requested to date

Row ID	County	City	Vaccine	Expiration Date	Quantity
748	Cochise	Flagstaff	Moderna	07/01/21	140
747	Pima	Tucson	Moderna	07/16/21	350
746	Greenlee	Cifton	J&J	07/24/21	100
744	Cochise	Santa Vito	Pfizer	06/03/21	100

Add Vaccine

What is your name? \*

What is your email address? \*

What is your phone number? \*

What is your ABIS PIN? \*

What city are you located in? \*

What county are you located in? \*

Which vaccine is available? \*

How many doses? \*

☐ Send me a copy of my responses

Submit

Request Vaccine

What is your name? \*

What is your email address? \*

What is your phone number? \*

What is your ABIS PIN? \*

What is the row ID that you are interested in? \*

How many doses? \*

☐ Send me a copy of my responses

Submit

Privacy Notice | Report Abuse

Privacy Notice | Report Abuse

# ADHS Tools

<https://www.azdhs.gov/preparedness/epi/demiology-disease-control/immunization/index.php#healthcare-professionals-publications>

## Moderna Puncture Tracking Log



Vial Lot #: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Dose	Full (0.5 mL)	Half (0.25 mL)
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>

Vial Lot #: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Dose	Full (0.5 mL)	Half (0.25 mL)
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>

\*Rows highlighted green indicate that NO WASTAGE will need to be reported after 14 punctures/doses have been administered.

### Reminders:

- Moderna booster doses are 0.25mL (half the dose size of a primary series dose)
- Moderna vials can only be punctured a maximum of 20 times
- Providers are responsible to keep track of the number of punctures for each vial
- Punctured Moderna vials can be used to administer both primary and booster doses
- Punctured Moderna vials must be used within 12 hours

602-364-3899

ArizonaVFC@azdhs.gov


[azdhs.gov/covid19/vaccines/](https://azdhs.gov/covid19/vaccines/)

Updated 10/2021



# Lost Patient Record?

Look in ASIIS  
Use the ADHS Record Request Form  
Sign up for the MyIR App


ADHS

### Immunization Record Request Form

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. Please lighten the copy of the identification cards.

If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field.

Immunization record requests will be processed within 5-7 business days.  
**\*Due to an increase in immunization records requests, please anticipate delays.**

 To potentially access your records faster, please try using MyIR Mobile to find your record before submitting an Immunization Record Request form. Follow this link to sign up for MyIR Mobile <https://myirmobile.com/>

**What immunization records are you requesting?**


☐ Any/All immunizations on file with the Arizona Department of Health Services

☐ Childhood vaccinations/for a minor child

☐ COVID-19 Only (Please submit copy of verification of vaccination such as COVID-19 vaccination card, ADHS COVID-19 verification email, if available)

Estimated date of first COVID-19 vaccination	Location of COVID-19 vaccination	State/Country
<div></div>	<div></div>	<div></div>
Estimated date of second COVID-19 vaccination	Location of COVID-19 vaccination	State/Country
<div></div>	<div></div>	<div></div>

<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/asiis-request-form.pdf>

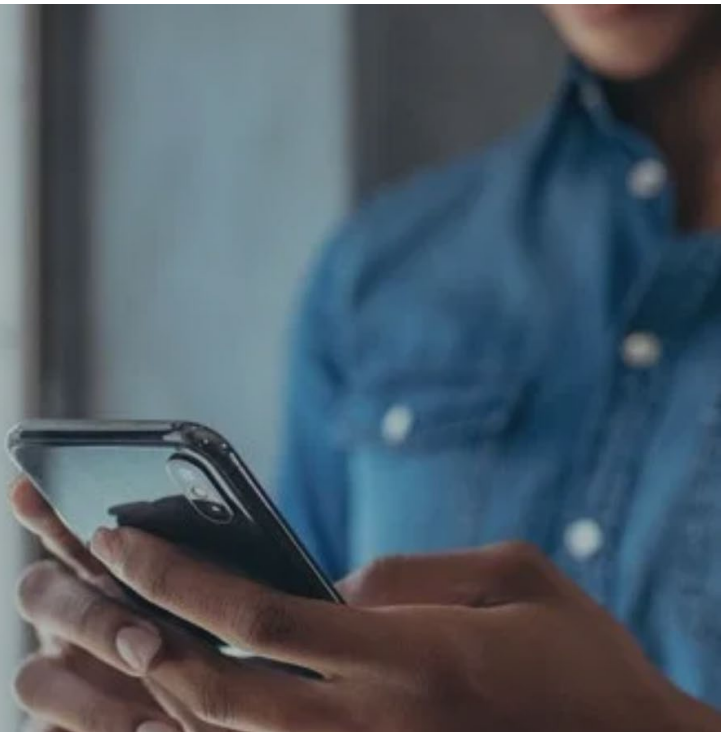
MyIR Mobile

### Access Your Official Immunization Records Today

SIGN IN

REGISTER

MyIR Mobile in partnership with your State Health Department allows you to review your immunization history, get reminders for future immunizations, and even print your own official records...  
it's all free, simple and secure.



<https://myirmobile.com/>



# Free Materials & Trainings



# Programs & Resources

- Patient Education Materials for all vaccines & ages
- Provider Trainings routine immunizations, billing & COVID-19 vaccine
- Childhood catch up clinics
- Community Outreach
- Speaker Volunteer Program