Is there a difference between a vaccine “booster” and an “additional dose”?
Yes. An “additional dose” (also sometimes referred to as a third dose) and a “booster” have different meanings, and the definition of the terms depends on who receives the shot.

An additional/third dose is given to people whose immune system has been moderately or severely compromised, like patients who received an organ transplant or those currently receiving treatment for cancer. This is because these individuals’ immune systems probably did not build up strong enough defenses with the first two shots.

A booster is given to people who had a strong immune response to their primary series (or the first two doses of Pfizer or Moderna or first dose of Johnson & Johnson) but whose immunity may wane over time. Although all three vaccine options (Pfizer, Moderna, or Johnson & Johnson) have shown to maintain high effectiveness against hospitalizations and deaths in most people, highly vulnerable individuals may benefit from a booster to counter any decrease in protection.

Who is eligible for a booster?
For individuals who received a Pfizer or Moderna COVID-19 vaccine for their primary series, anyone 18 years and older is eligible for a booster shot at six months or more after completing the initial series. Those who are 50 years and older or who are 18 years and older and live in a long-term care setting should especially consider getting a booster shot.

For individuals who received the Johnson & Johnson COVID-19 vaccine for their primary series, booster shots are recommended for anyone 18 and older who was vaccinated two or more months earlier. Moderately or severely immunocompromised individuals who received Pfizer or Moderna for their primary series and additional (third) dose are eligible for a booster dose at least six months after their third dose.

Can patients get a different brand of booster dose from the primary series they received?
Yes. The booster dose does not have to be from the same manufacturer as the primary series the patient received. The evidence for this decision came from a large study that determined mixing vaccines was safe and effective. While there is still a need to learn more from real world observational data, the benefits of being able to offer individuals multiple booster options outweighed any risks, which are rare.

The Centers for Disease Control and Prevention (CDC) has clinical considerations for the use of COVID-19 vaccines that may be helpful to consult when deciding which booster is best for a particular patient. The timing of when patients are eligible for a booster dose can depend on which vaccine they had for their primary series.

Is a patient still considered “fully vaccinated” without a booster dose?
Yes. Everyone is still considered fully vaccinated two weeks after a second dose of the Pfizer or Moderna vaccines, or two weeks after a single dose of the Johnson & Johnson vaccine. In their discussions, both the U.S. Food and Drug Administration and CDC stressed that although boosters may be recommended for some patient populations as a proactive step to prevent waning immunity, most people – no matter which vaccine they received – still have high protection against hospitalization and death with their primary shot series. People with questions about underlying medical conditions that may affect their risk of COVID-19 should consult their physician or health care professional about seeking out a booster dose.
Can COVID-19 vaccines be co-administered with other routine vaccinations?
Yes. COVID-19 vaccines may be administered regardless of the timing of other vaccines. It is best practice for physicians to administer all the vaccines a person is eligible for in the same visit to increase likelihood they receive all recommended vaccinations. There are a few rare exceptions in patients receiving PCV13 and Menactra vaccination. Vaccinators should review ACIP’s Best Practices for Simultaneous Administration and may find this CDC COCA Webinar on Coadministration helpful.

Helpful tips when incorporating the administration of booster doses into your practice:
• Know it’s OK to waste doses so as to not lose the opportunity to vaccinate.
• Be sure to follow FDA, CDC, and Texas Department of State Health Services (DSHS) recommendations for COVID-19 vaccination.
• Be sure to monitor your billing and coding to ensure payment for administering the vaccine.
• Plan strategically when ordering doses:
  » Try to order an amount you can reasonably handle but also know the expiration dates as listed by the manufacturer.
  » Consider having all three vaccines (Pfizer, Moderna, Johnson & Johnson) on hand so patients are given the preferred vaccine.
  » If you order a small number of doses, make sure to factor in enough time to receive the doses. (See DSHS communication for partial orders.)
• Understand your role as a trusted messenger:
  » Many vaccine-hesitant individuals don’t trust messaging coming from governmental sources. Physicians may need to adapt their messaging to appeal to the specific motivators of a patient.
  » Listen to patients’ unique concerns and try not to assume why they are hesitant to get vaccinated.
  » Be patient with vaccine-hesitant patients and try to communicate in a direct, simple, and nonjudgmental manner.
• Think about offering the vaccine to not just your patients but also eligible family members if possible. Vaccination is a collective public health effort that’s most effective when considering the benefit to the entire population in addition to the individual.

How do I bill for booster doses?
Developed by the Centers for Medicaid & Medicare Services (CMS), CDC, and the American Medical Association (AMA), there are unique CPT codes for both the vaccine manufacturer and the vaccine dose administered. The resources below are helpful in determining which billing process is appropriate for you:
- (CMS) Medicare Billing for COVID-19 Vaccine Shot Administration
- (CMS) Payment Allowances and Effective Dates for COVID-19 Vaccines and their Administration During the Public Health Emergency
- (AMA) COVID-19 CPT vaccine and immunization codes

AMA also has a helpful chart that shows the appropriate vaccine code (based on manufacturer) and the vaccine administration code (based on which dose is being administered).

As with previous doses of the COVID-19 vaccines, booster doses must be administered with no charge to patients. Additionally, you cannot:
• Balance bill for COVID-19 vaccinations;
• Charge your patients for an office visit or other fee if COVID-19 vaccination is the only medical service given; or
• Require additional medical or other services during the visit as a condition for getting a COVID-19 vaccination.

In the rare instance that a patient’s insurance does not cover the vaccine administration, or if the patient is uninsured, vaccinators can seek payment through the Health Resources & Services Administration (HRSA):
- For underinsured patients whose insurance does not cover vaccine administration
- For uninsured patients