

| COVID-19 Vaccines & Administration Codes                                                                                                                                                                       |           |                                                                                                                                                                                                                                     |              |                                                                                   |                            |                                                 |           |               |                       |                                                                      |
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| Revised: April 1, 2026                                                                                                                                                                                         |           |                                                                                                                                                                                                                                     |              |                                                                                   |                            |                                                 |           |               |                       |                                                                      |
| ***Submit claim for administration fee with the appropriate vaccine CPT Code. The administration Code must appear on the detail line prior the vaccine code. (See NOTE Section for additional instructions)*** |           |                                                                                                                                                                                                                                     |              |                                                                                   |                            |                                                 |           |               |                       |                                                                      |
| #                                                                                                                                                                                                              | CPT HCPCS | Code Description, Dose                                                                                                                                                                                                              | Labeler Name | Drug Name                                                                         | Patient's Age              | NDC                                             | Max Allow | Max Units/Day | GAMMIS Effective Date | NOTE                                                                 |
| 1                                                                                                                                                                                                              | 90480     | Immunization <b>Administration</b> by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, single dose                                                  | N/A          | N/A                                                                               | 6 Months & Older           | N/A                                             | \$44.95   | 1             | 9/11/2023             | Administration Code for all COVID-19 vaccines after October 31, 2023 |
| 2                                                                                                                                                                                                              | 91319     | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use                                | Pfizer, Inc. | COMIRNATY COVID-19 Vaccine, mRNA (2025-2026)<br>High Risk ages 5y to <12          | 5 Years Thru 11 Years      | 00069-2501-10                                   | \$94.80   | 1             | 9/11/2023             | Report 91319 with administration code 90480                          |
| 3                                                                                                                                                                                                              | 91320     | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use                                | Pfizer, Inc. | COMIRNATY COVID-19 Vaccine, mRNA (2025-2026)<br>Age Over 65/High Risk 12-64Y vial | 12 Years & Older           | 00069-2528-10                                   | \$168.37  | 1             | 9/11/2023             | Report 91320 with administration code 90480                          |
| 4                                                                                                                                                                                                              | 91321     | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, 25 mcg/0.25 mL dosage, for intramuscular use                                                                        | Moderna      | MODERNA COVID-19 VACCINE 2023-2024 AGES 6MO<12YRS 25MCG/0.25ML Suspension         | 6 Months thru 11 Years Old | 80777-0113-80<br>80777-0113-87                  | \$147.06  | 1             | 9/11/2023             | Report 91321 with administration code 90480                          |
| 5                                                                                                                                                                                                              | 91322     | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, 50 mcg/0.5 mL dosage, for intramuscular use                                                                         | Moderna      | SPIKEVAX COVID-19 Vaccine, mRNA (2025-2026), 50mcg/0.5 mL single dose 12Y and up  | 12 Years & Older           | 80777-0112-01<br>80777-0112-88<br>80777-0112-96 | \$161.65  | 1             | 9/11/2023             | Report 91322 with administration code 90480                          |
| 6                                                                                                                                                                                                              | 91323     | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use                                                                        | Moderna      | MNEXSPIKE COVID-19 mRNA (2025-2026)                                               | 12 Years & Older           | 80777-0400-60<br>80777-0400-61<br>80777-0400-62 | \$201.91  | 1             |                       |                                                                      |
| 7                                                                                                                                                                                                              | 91304     | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use | Novavax      | Novavax Covid-19 Vaccine, Adjuvanted                                              | 12 Years & Older           | 80631-0207-10                                   | \$191.92  | 1             | 10/19/2022            | Report 91304 with administration code 90480                          |
| 8                                                                                                                                                                                                              | M0201     | Covid-19 vaccine <b>Administration Inside a Patient's Home</b> ; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home                            | N/A          | N/A                                                                               | N/A                        | N/A                                             | \$39.90   | 1             | 6/8/2021              | Report M0201 with any combination of vaccine & administration code   |

| COVID-19 Monoclonal Antibodies & Administration Codes                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                             |               |            |               |                                       |                                                     |
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| Revised: April 1, 2026                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                             |               |            |               |                                       |                                                     |
| ***Submit claim for administration fee with the appropriate Monoclonal Antibody HCPCS. The administration code must appear on the claim detail line prior the code for the Monoclonal Antibodies (See NOTE Section for additional instructions)*** |       |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                             |               |            |               |                                       |                                                     |
| #                                                                                                                                                                                                                                                  | HCPCS | CPT/HCPCS Name, Description, Dose                                                                                                                                                                                                                                                                                                                                                                                             | Labeler Name | Drug Name                   | NDC           | Max Allow  | Max Units/Day | GAMMIS Effective Date (Monoclonal...) | NOTE                                                |
|                                                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                             |               |            |               |                                       |                                                     |
| 1                                                                                                                                                                                                                                                  | Q0224 | Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination. 4500 mg | INVIVYD, INC | PEMGARDA                    | 81960-0031-03 | \$7,239.00 | 1             | 3/22/2024                             | Report Q0224 with administration code M0224         |
| 2                                                                                                                                                                                                                                                  | Q0249 | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg                                                                                                                         | Genentech    | ACTEMRA 20MG/ML Solution    | 50242-0135-01 | \$7.57     | 800           | 6/24/2021                             | Report Q0249 with administration codes M0249, M0250 |
|                                                                                                                                                                                                                                                    | Q0249 | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg                                                                                                                         | Genentech    | ACTEMRA 200MG/10ML Solution | 50242-0136-01 | \$7.57     | 800           | 6/24/2021                             | Report Q0249 with administration codes M0249, M0250 |
|                                                                                                                                                                                                                                                    | Q0249 | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg                                                                                                                         | Genentech    | ACTEMRA 400MG/20ML Solution | 50242-0137-01 | \$7.57     | 800           | 6/24/2021                             | Report Q0249 with administration codes M0249, M0250 |
| 3                                                                                                                                                                                                                                                  | M0224 | Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments. includes infusion and post administration monitoring.                           | INVIVYD, INC | N/A                         | N/A           | \$450.00   | 1             | 3/22/2024                             | Report M0224 with Q0224                             |
| 4                                                                                                                                                                                                                                                  | M0249 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, <b>first dose</b>                                           | Genentech    | N/A                         | N/A           | \$360.00   | 1             | 6/24/2021                             | Report M0249 with Q0249 - 1st dose                  |
| 5                                                                                                                                                                                                                                                  | M0250 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, <b>second dose</b>                                          | Genentech    | N/A                         | N/A           | \$360.00   | 1             | 6/24/2021                             | Report M0250 with Q0249 - 2nd dose                  |