

COVID-19 Vaccines & Administration Codes										
Revised: October 1, 2024										
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 Administration 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	\$40.00	1	9/11/2023	Administration Code for all COVID-19 vaccines after October 31, 2023
2	91318	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Pfizer, Inc.	PFIZER COVID-19 VAC-TRIS 6M 4Y 3MCG/0.3ML Suspension	6 Months Thru 4 Years	59267-4426-02; 59267-4315-02	\$65.55	1	9/11/2023	Report 91318 with administration code 90480
3	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.	PFIZER COVID-19 VAC-TRIS 5-11Y 10MCG/0.3ML Suspension	5 Years Thru 11 Years	59267-4438-02; 59267-4331-02	\$87.78	1	9/11/2023	Report 91319 with administration code 90480
4	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 2023-2024 AGE 12 AND OLDER 30MCG/0.3ML Suspension	12 Years & Older	00069-2377-10, 00069-2392-10, 00069-2432-10, 00069-2362-10	\$155.90	1	9/11/2023	Report 91320 with administration code 90480
5	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	80777-0287-92, 80777-0291-80, 80777-0291-81	\$147.06	1	9/11/2023	Report 91321 with administration code 90480
6	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 2023-2024 FORMULA 50MCG/0.5ML Suspension	12 Years & Older	80777-0102-93, 80777-0102-95, 80777-0102-96, 80777-0110-93, 80777-0110-96	\$161.52	1	9/11/2023	Report 91322 with administration code 90480
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	80631-0105-01 80631-0105-02	\$161.54	1	10/19/2022	Report 91304 with administration code 90480
8	M0201	Covid-19 vaccine administration inside a patient's home; 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	\$35.50	1	6/8/2021	Report M0201 with any combination of vaccine & administration code

COVID-19 Monoclonal Antibodies & Administration Codes

Revised: October 1, 2024

*****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	\$5,266.80	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	\$4.50	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, first dose	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, second dose	Genentech	N/A	N/A	\$360.00	1	6/24/2021	Report M0250 with Q0249 - 2nd dose