| тоѕ | Procedure Code | Code Description | Fee (effective on/after DOS^ 01/01/2022) | Procedure Code Effective DOS^ | Procedure Code End DOS^ | Condition of payment | Age |
|--------------------|-------------------|--|---|--|-------------------------------|----------------------|--------|
| 03, 30, 37, 39, 40 | 91300 | Pfizer-BioNTech COVID-19 Vaccine (purple cap) | \$0.00 | 12/23/2020 | TBD | Must have admin code | **12+ |
| 03, 30, 37, 39, 40 | 0001A | Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – First Dose | \$36.78 | 12/23/2020 | TBD | Must have 91300 | **12+ |
| 03, 30, 37, 39, 40 | 0002A | Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Second Dose | \$36.78 | 12/23/2020 | TBD | Must have 91300 | **12+ |
| 03, 30, 37, 39, 40 | 0003A | Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Third Dose | \$36.78 | 08/12/2021 | TBD | Must have 91300 | 12+ |
| 03, 30, 37, 39, 40 | 0004A | Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Booster | \$36.78 | 09/22/2021 | TBD | Must have 91300 | ***12+ |
| 03, 30, 37, 39, 40 | 91305 | Pfizer-BioNTech Covid-19 Vaccine (gray cap) | \$0.00 | 01/03/2022 | TBD | Must have admin code | 12+ |
| 03, 30, 37, 39, 40 | 0051A | Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – First Dose | \$36.78 | 01/03/2022 | TBD | Must have 91305 | 12+ |
| 03, 30, 37, 39, 40 | 0052A | Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Second Dose | \$36.78 | 01/03/2022 | TBD | Must have 91305 | 12+ |
| 03, 30, 37, 39, 40 | 0053A | Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Third Dose | \$36.78 | 01/03/2022 | TBD | Must have 91305 | 12+ |
| 03, 30, 37, 39, 40 | 0054A | Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Booster | \$36.78 | 01/03/2022 | TBD | Must have 91305 | 12+ |
| 03, 30, 37, 39, 40 | 91307 | Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) | \$0.00 | 10/29/2021 | TBD | Must have admin code | 5-11 |
| 03, 30, 37, 39, 40 | 0071A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – First Dose | \$36.78 | 10/29/2021 | TBD | Must have 91307 | 5-11 |
| 03, 30, 37, 39, 40 | 0072A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – Second Dose | \$36.78 | 10/29/2021 | TBD | Must have 91307 | 5-11 |
| 03, 30, 37, 39, 40 | 0073A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – Third Dose | \$36.78 | 01/03/2022 | TBD | Must have 91307 | 5-11 |
| 03, 30, 37, 39, 40 | 0074A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – Booster | \$36.78 | 05/17/2022 | TBD | Must have 91307 | 5-11 |

^{**}Pfizer-Biontech coverage for ages 12-15 effective on and after DOS 05/10/2021.

^{***}Pfizer-Biontech booster coverage for ages 16-17 effective on and after DOS 12/09/2021. Coverage was expanded for ages 12-15 effective for DOS on and after 01/03/2022. ^DOS = Date of Service

| тоѕ | Procedure Code | Code Description | Fee (effective on/after DOS^ 01/01/2022) | Procedure Code Effective DOS^ | Procedure Code End DOS^ | Condition of payment | Age |
|--------------------|-------------------|--|---|--|-------------------------------|-------------------------------|---------|
| 03, 30, 37, 39, 40 | 91308 | Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) | \$0.00 | 06/17/2022 | TBD | Must have admin code | 6mo - 4 |
| 03, 30, 37, 39, 40 | 0081A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – First Dose | \$36.78 | 06/17/2022 | TBD | Must have 91308 | 6mo - 4 |
| 03, 30, 37, 39, 40 | 0082A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – Second Dose | \$36.78 | 06/17/2022 | TBD | Must have 91308 | 6mo - 4 |
| 03, 30, 37, 39, 40 | 0083A | Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – Third Dose | \$36.78 | 06/17/2022 | TBD | Must have 91308 | 6mo - 4 |
| 03, 30, 37, 39, 40 | 91301 | Moderna COVID-19 Vaccine (red cap) | \$0.00 | 12/23/2020 | TBD | Must have admin code | 18+ |
| 03, 30, 37, 39, 40 | 0011A | Moderna COVID-19 Vaccine (red cap) Administration – First Dose | \$36.78 | 12/23/2020 | TBD | Must have 91301 | 18+ |
| 03, 30, 37, 39, 40 | 0012A | Moderna COVID-19 Vaccine (red cap) Administration – Second Dose | \$36.78 | 12/23/2020 | TBD | Must have 91301 | 18+ |
| 03, 30, 37, 39, 40 | 0013A | Moderna COVID-19 Vaccine (red cap) Administration – Third Dose | \$36.78 | 08/12/2021 | TBD | Must have 91301 | 18+ |
| 03, 30, 37, 39, 40 | 91306 | Moderna COVID-19 Vaccine (red cap) (low dose) | \$0.00 | 10/20/2021 | TBD | Must have admin 0064A | 18+ |
| 03, 30, 37, 39, 40 | 0064A | Moderna COVID-19 Vaccine (red cap) (low dose) Administration – Booster | \$36.78 | 10/20/2021 | TBD | Must have 91306 | 18+ |
| 03, 30, 37, 39, 40 | 91309 | Moderna COVID-19 Vaccine (blue cap) | \$0.00 | 03/29/2022 | TBD | Must have admin 0094A | 18+ |
| 03, 30, 37, 39, 40 | 0094A | Moderna COVID-19 Vaccine (blue cap) Administration - Booster | \$36.78 | 03/29/2022 | TBD | Must have 91309 | 18+ |
| 03, 30, 37, 39, 40 | 91303 | Janssen COVID-19 Vaccine (J&J) | \$0.00 | 02/27/2021 | TBD | Must have admin code | 18+ |
| 03, 30, 37, 39, 40 | 0031A | Janssen COVID-19 Vaccine Administration (J&J) | \$36.78 | 02/27/2021 | TBD | Must have 91303 | 18+ |
| 03, 30, 37, 39, 40 | 0034A | Janssen COVID-19 Vaccine Administration – Booster | \$36.78 | 10/20/2021 | TBD | Must have 91303 | 18+ |
| 03, 30, 37, 39, 40 | M0201 | COVID-19 Vaccine Home Administration | \$32.98 | 06/08/2021 | TBD | Must have paid vac admin code | 12+ |

^{**}Pfizer-Biontech coverage for ages 12-15 effective on and after DOS 05/10/2021.

^{***}Pfizer-Biontech booster coverage for ages 16-17 effective on and after DOS 12/09/2021. Coverage was expanded for ages 12-15 effective for DOS on and after 01/03/2022. ^DOS = Date of Service

Type of Service Legend

| TOS (Type of Service): | | | | |
|------------------------------|--|--|--|--|
| 03 | Full service physician. (See Professional Services fee schedule legend.) | | | |
| | | | | |
| 30 | Acute Care Outpatient Hospital | | | |
| 07 | Constitution of the street Line with | | | |
| 37 | Small Rural Outpatient Hospital | | | |
| 39 | State Hospitals Outpatient Hospital | | | |
| | | | | |
| 40 | Sole Community Outpatient Hospital | | | |

| тоѕ | Procedure Code | Code Description | Fee (effective DOS^ on and after 01/01/2022) | Procedure Code Effective DOS^ | Procedure Code End DOS^ | Condition of payment | Age |
|--------------------|-------------------|--|---|--|-------------------------------|---|--------|
| 03, 30, 37, 39, 40 | J0248 | Injection, remdesivir, 1 mg | \$5.51/mg | 12/23/2021 | TBD | N/A | ***00+ |
| 03, 30, 37, 39, 40 | Q0220 | Injection, tixagevimab and cilgavimab, 300 mg | \$0.00 | 12/8/2021 | TBD | Must have admin code M0220 or M0221 | *12+ |
| 03, 30, 37, 39, 40 | Q0221 | Injection, tixagevimab and cilgavimab, 600 mg | \$0.00 | 2/24/2022 | TBD | Must have admin code M0220 or M0221 | *12+ |
| 03, 30, 37, 39, 40 | M0220 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring. | \$134.10 | 12/8/2021 | TBD | Must have Q0220 or Q0221 | *12+ |
| 03, 30, 37, 39, 40 | M0221 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency. | \$223.10 | 12/8/2021 | TBD | Must have Q0220 or Q0221 | *12+ |
| 03, 30, 37, 39, 40 | Q0222 | Injection, bebtelovimab, 175 mg | \$0.00 | 2/11/2022 | TBD | Must have admin code M0222 or M0223 | *12+ |
| 03, 30, 37, 39, 40 | M0222 | Intravenous injection, bebtelovimab, includes injection and post administration monitoring | \$312.25 | 2/11/2022 | TBD | Must have Q0222 | *12+ |
| 03, 30, 37, 39, 40 | M0223 | Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | \$489.95 | 2/11/2022 | TBD | Must have Q0222 | *12+ |
| 03, 30, 37, 39, 40 | Q0240 | Injection, casirivimab and imdevimab, 600 mg | \$0.00 | 7/30/2021 | 1/24/2022 | **Must have admin code M0240 or M0241 | *12+ |
| 03, 30, 37, 39, 40 | | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses | \$400.95 | 7/30/2021 | 1/24/2022 | **Must have Q0240 | *12+ |
| 03, 30, 37, 39, 40 | M0241 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency (PHE), subsequent repeat doses | \$667.80 | 7/30/2021 | 1/24/2022 | **Must have Q0240 | *12+ |

| тоѕ | Procedure Code | Code Description | Fee (effective DOS^ on and after 01/01/2022) | Procedure Code Effective DOS^ | Procedure Code End DOS^ | Condition of payment | Age |
|--------------------|-------------------|---|---|--|-------------------------------|---|------|
| 03, 30, 37, 39, 40 | Q0243 | Injection, casirivimab and imdevimab, 2400 mg | \$0.00 | 11/21/2020 | 1/24/2022 | Must have admin code M0243 or M0244 | *12+ |
| 03, 30, 37, 39, 40 | Q0244 | Injection, casirivimab and imdevimab, 1200 mg | \$0.00 | 06/03/2021 | 1/24/2022 | Must have admin code M0243 or M0244 | *12+ |
| 03, 30, 37, 39, 40 | | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring | \$400.95 | 11/21/2020 | 1/24/2022 | Must have Q0243 or Q0244 | *12+ |
| 03, 30, 37, 39, 40 | | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE | \$667.80 | 05/06/2021 | 1/24/2022 | Must have Q0243 or Q0244 | *12+ |
| 03, 30, 37, 39, 40 | Q0245 | Injection, bamlanivimab and etesevimab, 2100 mg | \$0.00 | 02/09/2021 | 1/24/2022 | Must have admin code M0245 or M0246 | *12+ |
| 03, 30, 37, 39, 40 | M0245 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | \$400.95 | 02/09/2021 | 1/24/2022 | Must have Q0245 | *12+ |
| 03, 30, 37, 39, 40 | | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE | \$667.80 | 05/06/2021 | 1/24/2022 | Must have Q0245 | *12+ |
| 03, 30, 37, 39, 40 | Q0247 | Injection, sotrovimab, 500 mg | \$2,394.00 | 05/26/2021 | 04/05/2022 | Must have admin code M0247 or M0248 | *12+ |
| 03, 30, 37, 39, 40 | M0247 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring | \$400.95 | 05/26/2021 | 04/05/2022 | Must have Q0247 | *12+ |
| 03, 30, 37, 39, 40 | M0248 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence: • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE | \$667.80 | 05/26/2021 | 04/05/2022 | Must have Q0247 | *12+ |

^{*}Clinical criteria based on EUA

^{**}Based on CMS payment guidance for COVID-19 Vaccines and Monoclonal Antibodies dated July 30, 2021

^{***}Remdesivir: FDA approved for ages 28 days and older effective with dates of service on and after April 25, 2022.

[^]DOS = Date of Service

Type of Service Legend

| TOS | | | | |
|-----|--|--|--|--|
| | | | | |
| 03 | Full service physician. (See Professional Services fee schedule legend.) | | | |
| | | | | |
| 30 | Acute Care Outpatient Hospital | | | |
| | | | | |
| 37 | Small Rural Outpatient Hospital | | | |
| | | | | |
| 39 | State Hospitals Outpatient Hospital | | | |
| | | | | |
| 40 | Sole Community Outpatient Hospital | | | |