

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

### **AstraZeneca and Janssen SARS-CoV-2-Immunization Administration**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. CPT codes 0001A and 0002A are used to report the first and second dose administration of the Pfizer-BioNTech COVID-19 vaccine (ie 30 mcg/0.3mL dosage, diluent reconstituted). CPT codes 0011A and 0012A are used to report the first and second dose administration of the Moderna COVID-19 vaccine (ie 100 mcg/0.5mL dosage).

On December 14, 2020, the CPT Editorial Panel created two codes to describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. Codes 0021A and 0022A are used to report the first and second dose administration of the AstraZeneca vaccine. Subsequently on January 14, 2021, the CPT Editorial Panel created one new code to describe immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine. Code 0031A is used to report the administration of the Janssen vaccine.

These CPT codes, developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the four coronavirus vaccines as well as administration codes unique to each corresponding vaccine and dose. The new CPT codes clinically distinguish each COVID-19 vaccine for better tracking, reporting and analysis that supports data-driven planning and allocation. In addition, CPT Appendix Q was created to facilitate an easy guide for proper reporting of all SARS-CoV-2 vaccine CPT codes.

In January 2021, the RUC reviewed the two AstraZeneca SARS-CoV-2 immunization administration codes and in February 2021, the RUC reviewed the Janssen SARS-CoV-2 immunization administration code. The specialty societies provided background on the previous valuation of CPT code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed*.

#### ***Background on Immunization Administration Valuation***

During the October 2009 meeting, the RUC provided recommendations for CPT code 90640 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.20; 7 minutes intra-service time) and direct practice expense (PE) inputs. During the same meeting, the RUC reviewed recommendations for CPT code 90470 which was fast-tracked to address the immediate need to vaccinate against the 2009 H1N1 pandemic.

In 2009, at the request of the Department of Health and Human Services, the CPT Editorial Panel created new CPT code 90470 to assist the public health effort to immediately vaccinate for H1N1. CMS requested that the RUC immediately review the new service and provide recommendations on the estimated physician work and direct practice expense inputs necessary to provide the immunization. The RUC recommended the same work

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RVU of 0.20 and 7 minutes of intra-service time for H1N1 code 90470 as it did for CPT code 90460. Additionally, the RUC recommended the direct PE inputs for CPT code 90470 be equivalent to CPT code 90460 with two primary exceptions. First, an additional two minutes of staff time were added to capture the additional work of identifying and contacting patients as the vaccine is provided by the state. In addition, the standard greet patient time of 3 minutes was added since an evaluation and management code is not additionally reported as part of the typical patient encounter for vaccinating during a pandemic.

CMS accepted the RUC recommendations for CPT code 90470, publishing a work RVU 0.20 and PE RVU of 0.42 on the 2010 Medicare Physician Payment Schedule (MFS), representing the resources utilized in vaccinating the public during a pandemic. CPT code 90470 was sunset at the end of the H1N1 pandemic.

CMS crosswalked CPT code 90460 to CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17) which, in turn, was hard coded to CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular* (work RVU = 0.17).

In the Proposed Rule for 2021, CMS noted that the IA payment rates resulting from the CPT code 96372 hard coding were substantially lower than the CDC regional maximum charges. CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services, as it is critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. The RUC will review all non-COVID related immunization codes at the April 2021 RUC meeting.

#### ***AstraZeneca and Janssen SARS-CoV-2 (COVID-19) Immunization Administration***

The RUC reviewed the specialty society recommendations and agreed that 0021A, 0022A and 0031A should be crosswalked to the 2009 RUC recommendation for CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (2009 recommended work RVU = 0.20 and 7 minutes of intra-service time). This is also the same work RVU established for 90470 during the H1N1 pandemic.

For additional support the RUC referenced codes 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.20 and 7 minutes total time), 99188 *Application of topical fluoride varnish by a physician or other qualified health care professional* (work RVU = 0.20 and 9 minutes total time) and 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 9 minutes total time).

In the case of some COVID-19 vaccine requiring two doses, the total physician work resources required for the first dose should be equivalent to those required for the second dose to account for the possibility that a patient may not return to the same physician or even the same physician group for the second dose administration. Valuation must account for any necessary physician work to confirm the details of a patient's first dose. The specialty societies indicated, and the RUC agreed, that the first and second dose both require 7 minutes of physician time. Data from the Phase III clinical trials indicate that patients receiving the second dose are more likely to experience adverse effects and the physician involvement

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addressing such questions are the same for both doses. The RUC agreed that there is no difference in physician work between the administration of the first and second dose, nor is there any difference in physician work or time to administer the Pfizer-BioNTech, Moderna or AstraZeneca immunizations. The RUC recommends the AstraZeneca and Janssen COVID-19 IA codes be crosswalked to the 2009 RUC recommendations for CPT code 90460 with respect to work and intra-service time. **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0021A,0022A and 0031A.**

### **Practice Expense**

The Practice Expense (PE) Subcommittee thoroughly and extensively discussed the practice expense inputs involved with the SARS-CoV-2 immunization administration codes in the physician office setting in its December 2020 review of the Pfizer and Modera IA codes and determined the same direct inputs apply to the AstraZeneca and Janssen IA codes. The Subcommittee compared the direct PE inputs for the new IA codes with reference code 90460 and former CPT code 90470 and determined that the clinical staff times approved for code 90470 during the 2009 pandemic were appropriate. The inputs mirror the clinical staff times that had been in place for CPT code 90470. The Subcommittee also determined that new CPT code 99072 *Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease* would be utilized with these codes and confirmed that there is no overlap in clinical staff times, with what is already included in CPT code 99072. **The RUC strongly recommends that CMS approve payment for CPT code 99072 during the PHE.**

The specialty societies emphasized that though the clinical staff activities may be similar to other vaccination codes, the typical amount of clinical staff time is higher due to the requirements inherent in a public health emergency and due to these services not being typically reported with an evaluation and management service during a PHE. There was significant discussion regarding the considerable documentation requirements that accompany these immunization administration codes. There was agreement that 2 minutes was appropriate for the first dose of both vaccines to identify and contact appropriate patients and schedule immunization. The recommendation for CA033 *Perform regulatory mandated quality assurance activity (service period)* was maintained the same as was recommended for the Pfizer and Moderna IA codes, as L026A *Medical/Technical Assistant* is appropriate for this type of registry. A lesser amount of clinical staff time was allotted for CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)* with L037D *RN/LPN/MTA*, recognizing that more than baseline medical knowledge is required for this activity. There was also recognition that the initial data entry would require more time and the minutes for CA033 and CA034 in the subsequent codes were reduced accordingly. The CDC recommends 15 minutes of monitoring the patient following the administration of each dose for both vaccines. The PE Subcommittee agreed that the standard of 1 minute of clinical staff time to every 4 minutes of patient monitoring is appropriate, leading to 4 minutes of clinical staff monitoring time. A follow-up phone call from the patient to the practice to discuss symptoms or address questions was accepted as typical.

The PE Subcommittee extensively discussed the supply and equipment inputs associated with the initial Pfizer and Moderna immunization administration codes. The same supplies are recommended for the AstraZeneca and Janssen IA codes with an adjustment to increase to the quantity to *SK057 paper, laser printing (each sheet)* from 1 to 3 sheets. The typical CDC Vaccine Information Statement (VIS) is two pages (i.e., one sheet of laser paper, printed double sided). However, the emergency use authorization (EUA) for the Pfizer COVID VIS is 6 pages and the EUA for the Moderna COVID VIS is 5 pages. It is anticipated that the AstraZeneca COVID VIS (and future COVID VIS) will follow suit.

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**Therefore, the Practice Subcommittee amends the recommendation for SK057 accordingly (i.e., 3 sheets of laser paper, printed double sided) for all COVID IA codes (0001A, 0002A, 0011A, 0012A, 0021A, 0022A and 0031A).** The remaining supplies recommended are: SB022 *gloves, non-sterile* to reflect a full pair and exclude any COVID-19 cleaning supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleaners as these are included in CPT code 99072. The PE Subcommittee excluded any supplies that are included in the ancillary supply kit supplied by the Federal Government at no cost to enrolled COVID-19 vaccine providers.

The PE Subcommittee recommends new equipment item *refrigerator, vaccine medical grade, w-data logger sngl glass door*, the same equipment included in the Moderna IA codes (0011A and 0012A). In 2019, there was significant discussion about the existing equipment ED043 *refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates* and whether it was a direct or indirect expense. ED043 is the monitoring system and was retained as a direct expense in accordance with the spreadsheet. The medication-grade refrigerator is used solely to store highly expensive and fragile biologics for use at the time they are needed. Although the medications are stored for longer than the length of the service, it would be extremely difficult to determine typical length of storage as this varies across local sites. The RUC and CMS have a precedent of including refrigerators in direct expense costs and using the total clinical staff time for the equipment minutes, as was done for vaccination codes, including codes 90471, 90472, 90473, and 90474, where the equipment time for the refrigerator is equal to the total clinical staff time. The RUC recommends that the same refrigerator and monitor would be typical medical equipment for the AstraZeneca, Moderna and Janssen vaccines. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

**New Technology/New Services**

The RUC recommends that all COVID Immunization Administration codes (0001A, 0002A, 0011A, 0012A, 0021A, 0022A and 0031A) be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

**Modifier -51 Exempt**

The RUC acknowledges that vaccines and immunizations are inherently precluded from the modifier -51 application and note that the revisions to the CPT guidelines are already in place, which include COVID immunizations.

| CPT Code  | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|-----------------|----------------|---------------|-------------------------|
| <p><b>Medicine Vaccines</b></p> <p><i>(91300-91303 Codes are out of numerical sequence. See 90472-90581)</i></p> <p><b>Immunization Administration for Vaccines/Toxoids</b></p> |                 |                |               |                         |

Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A) in addition to the vaccine and toxoid code(s) (90476-90749, 91300, 91301, 91302, 91303).

Report codes 90460 and 90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report codes 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.)

Report codes 0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. Each administration code is specific to each individual vaccine product (eg, 91300, 91301, 91302, 91303) the dosage schedule (eg, first dose, second dose) and counseling, when performed. The appropriate administration code is chosen based on the type of vaccine and the specific dose number the patient receives in the schedule. For example, code 0012A is reported for the second dose of vaccine 91301. Do not report codes 90460-90474 for the administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines. Codes related to SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine administration are listed in Appendix Q, with their associated vaccine code descriptors, vaccine administration codes, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.

*If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.*

*A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.*

*(For allergy testing, see 95004 et seq)*

*(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)*

*(For therapeutic or diagnostic injections, see 96372-96379)*

90460      *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered*

+90461      *each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*

*(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional\_component in a given vaccine)*

*(Do not report 90460, 90461 in conjunction with 91300, 91301, 91302, 91303 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90749 are administered at the same encounter)*

90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*

*(Do not report 90471 in conjunction with 90473)*

**+90472** *each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*

*(Use 90472 in conjunction with 90460, 90471, 90473)*

*(Do not report 90471, 90472 in conjunction with 91300, 91301, 91302, 91303, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476- 90749 are administered at the same encounter)*

*(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96374)*

*(For intravesical administration of BCG vaccine, see 51720, 90586)*

90473 *Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)*

*(Do not report 90473 in conjunction with 90471)*

**+90474** *each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*

*(Use 90474 in conjunction with 90460, 90471, 90473)*

*(Do not report 90473, 90474 in conjunction with 91300, 91301, 91302, 91303, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476- 90749 are administered at the same encounter)*

**●0001A** *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose*

|  |     |   |     |      |
|--|-----|---|-----|------|
| <p>●0002A                      <i>second dose</i><br/> <i>(Report 001A, 0002A for the administration of vaccine 91300)</i></p> <p>●0011A                      <i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose</i></p> <p>●0012A                      <i>second dose</i><br/> <i>(Report 0011A, 0012A for the administration of vaccine 91301)</i></p> |     |   |     |      |
| ●0021A   | AA1 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; first dose  | XXX | 0.20 |
| ●0022A   | AA2 | <i>second dose</i><br><i>(Report 0021A, 0022A for the administration of vaccine 91302)</i>  | XXX | 0.20 |
| ●0031A   | AA1 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose<br><br><i>(Report 0031A for the administration of vaccine 91303)</i> | XXX | 0.20 |

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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|                    |                     |   |
|--------------------|---------------------|---|
| CPT Code:0021A     | Tracking Number AA1 | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                     | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU:   | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage; first dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The first dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**



**SURVEY DATA**

|   |   |                                      |                             |                |                             |             |
|---|---|--------------------------------------|-----------------------------|----------------|-----------------------------|-------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |   | 01/2021                              |                             |                |                             |             |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN |                                      |                             |                |                             |             |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP, ANA   |                                      |                             |                |                             |             |
| <b>CPT Code:</b>                            | 0021A   |                                      |                             |                |                             |             |
| <b>Sample Size:</b>                         | 0   | <b>Resp N:</b>                       | 0                           |                |                             |             |
| <b>Description of Sample:</b>               | Panel   |                                      |                             |                |                             |             |
|   |   | <b>Low</b>                           | <b>25<sup>th</sup> pctl</b> | <b>Median*</b> | <b>75<sup>th</sup> pctl</b> | <b>High</b> |
| <b>Service Performance Rate</b>             |   |                                      |                             |                |                             |             |
| <b>Survey RVW:</b>                          |   |                                      |                             |                |                             |             |
| <b>Pre-Service Evaluation Time:</b>         |   |                                      |                             | 0.00           |                             |             |
| <b>Pre-Service Positioning Time:</b>        |   |                                      |                             | 0.00           |                             |             |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |   |                                      |                             | 0.00           |                             |             |
| <b>Intra-Service Time:</b>                  |   |                                      |                             | 0.00           |                             |             |
| <b>Immediate Post Service-Time:</b>         |   | 0.00                                 |                             |                |                             |             |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>  | <b>CPT Code and Number of Visits</b> |                             |                |                             |             |
| <b>Critical Care time/visit(s):</b>         | 0.00  | 99291x 0.00                          | 99292x 0.00                 |                |                             |             |
| <b>Other Hospital time/visit(s):</b>        | 0.00  | 99231x 0.00                          | 99232x 0.00                 | 99233x 0.00    |                             |             |
| <b>Discharge Day Mgmt:</b>                  | 0.00  | 99238x 0.00                          | 99239x 0.00                 | 99217x 0.00    |                             |             |
| <b>Office time/visit(s):</b>                | 0.00  | 99211x 0.00                          | 12x 0.00                    | 13x 0.00       | 14x 0.00                    | 15x 0.00    |
| <b>Prolonged Services:</b>                  | 0.00  | 99354x 0.00                          | 55x 0.00                    | 56x 0.00       | 57x 0.00                    |             |
| <b>Sub Obs Care:</b>                        | 0.00  | 99224x 0.00                          | 99225x 0.00                 | 99226x 0.00    |                             |             |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0021A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Positioning Time:</b>   |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Intra-Service Time:</b>   |       | 7.00   |  |  |
| <b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | 0.00   | 0.00   | 0.00   |

| <u>Post-Operative Visits</u>         | <u>Total Min**</u> | <u>CPT Code and Number of Visits</u> |                    |                    |                                 |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>Critical Care time/visit(s):</b>  | <b><u>0.00</u></b> | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                    |                                 |
| <b>Other Hospital time/visit(s):</b> | <b><u>0.00</u></b> | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b> |                                 |
| <b>Discharge Day Mgmt:</b>           | <b><u>0.00</u></b> | 99238x <b>0.0</b>                    | 99239x <b>0.0</b>  | 99217x <b>0.00</b> |                                 |
| <b>Office time/visit(s):</b>         | <b><u>0.00</u></b> | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>    | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>           | <b><u>0.00</u></b> | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>    | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                 | <b><u>0.00</u></b> | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b> |                                 |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|                     |               |                 |                    |

CPT Descriptor**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0021A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 0.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>0.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |

|                          |  |  |  |
|--------------------------|--|--|--|
| Physical effort required |  |  |  |
|--------------------------|--|--|--|

**Psychological Stress**

Less                      Identical                      More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
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**2nd Key Reference Code**

Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More

**Overall intensity/complexity**

|  |  |  |  |  |
|--|--|--|--|--|
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**Mental Effort and Judgment**

Less                      Identical                      More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

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**Technical Skill/Physical Effort**

Less                      Identical                      More

Technical skill required

|  |  |  |
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|--|--|--|

Physical effort required

|  |  |  |
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|  |  |  |
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**Psychological Stress**

Less                      Identical                      More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

For CPT code 0021A, we recommend a crosswalk to December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 0011A (Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose), which was crosswalked from October 2009 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered).

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty                      How often?

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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|                    |                     |   |
|--------------------|---------------------|---|
| CPT Code:0022A     | Tracking Number AA2 | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                     | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU:   | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage; second dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The second dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

|   |   |                                      |                             |                |                             |
|---|---|--------------------------------------|-----------------------------|----------------|-----------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |   | 01/2021                              |                             |                |                             |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN |                                      |                             |                |                             |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP, ANA   |                                      |                             |                |                             |
| <b>CPT Code:</b>                            | 0022A   |                                      |                             |                |                             |
| <b>Sample Size:</b>                         | 0   | <b>Resp N:</b>                       | 0                           |                |                             |
| <b>Description of Sample:</b>               | Panel   |                                      |                             |                |                             |
|   |   | <b>Low</b>                           | <b>25<sup>th</sup> pctl</b> | <b>Median*</b> | <b>75<sup>th</sup> pctl</b> |
| <b>Service Performance Rate</b>             |   |                                      |                             |                |                             |
| <b>Survey RVW:</b>                          |   |                                      |                             |                |                             |
| <b>Pre-Service Evaluation Time:</b>         |   |                                      |                             | 0.00           |                             |
| <b>Pre-Service Positioning Time:</b>        |   |                                      |                             | 0.00           |                             |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |   |                                      |                             | 0.00           |                             |
| <b>Intra-Service Time:</b>                  |   |                                      |                             | 0.00           |                             |
| <b>Immediate Post Service-Time:</b>         |   | 0.00                                 |                             |                |                             |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>  | <b>CPT Code and Number of Visits</b> |                             |                |                             |
| <b>Critical Care time/visit(s):</b>         | 0.00  | 99291x 0.00                          | 99292x 0.00                 |                |                             |
| <b>Other Hospital time/visit(s):</b>        | 0.00  | 99231x 0.00                          | 99232x 0.00                 | 99233x 0.00    |                             |
| <b>Discharge Day Mgmt:</b>                  | 0.00  | 99238x 0.00                          | 99239x 0.00                 | 99217x 0.00    |                             |
| <b>Office time/visit(s):</b>                | 0.00  | 99211x 0.00                          | 12x 0.00                    | 13x 0.00       | 14x 0.00 15x 0.00           |
| <b>Prolonged Services:</b>                  | 0.00  | 99354x 0.00                          | 55x 0.00                    | 56x 0.00       | 57x 0.00                    |
| <b>Sub Obs Care:</b>                        | 0.00  | 99224x 0.00                          | 99225x 0.00                 | 99226x 0.00    |                             |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0022A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Positioning Time:</b>   |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Intra-Service Time:</b>   |       | 7.00   |  |  |
| <b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | 0.00   | 0.00   | 0.00   |



| <b>Post-Operative Visits</b>         | <b>Total Min**</b> | <b>CPT Code and Number of Visits</b> |                    |                    |                                 |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>Critical Care time/visit(s):</b>  | <b><u>0.00</u></b> | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                    |                                 |
| <b>Other Hospital time/visit(s):</b> | <b><u>0.00</u></b> | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b> |                                 |
| <b>Discharge Day Mgmt:</b>           | <b><u>0.00</u></b> | 99238x <b>0.0</b>                    | 99239x <b>0.0</b>  | 99217x <b>0.00</b> |                                 |
| <b>Office time/visit(s):</b>         | <b><u>0.00</u></b> | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>    | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>           | <b><u>0.00</u></b> | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>    | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                 | <b><u>0.00</u></b> | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b> |                                 |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|---------------------|---------------|-----------------|--------------------|

CPT Descriptor

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0022A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 0.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>0.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |

|                          |  |  |  |
|--------------------------|--|--|--|
| Physical effort required |  |  |  |
|--------------------------|--|--|--|

**Psychological Stress**

**Less**                      **Identical**                      **More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**2nd Key Reference Code**

**Much Less**                      **Somewhat Less**                      **Identical**                      **Somewhat More**                      **Much More**

**Overall intensity/complexity**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Mental Effort and Judgment**

**Less**                      **Identical**                      **More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Technical Skill/Physical Effort**

**Less**                      **Identical**                      **More**

Technical skill required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical effort required

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**Psychological Stress**

**Less**                      **Identical**                      **More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based



|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
|-----------|-------------|-------------------|

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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CPT Code:0031A      Tracking Number AA1

Original Specialty Recommended RVU: **0.20**

Global Period: XXX      Current Work RVU:

Presented Recommended RVU:

RUC Recommended RVU:

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, single dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The single dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

|   |  |                                      |                             |                |                             |
|---|--|--------------------------------------|-----------------------------|----------------|-----------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |  | 04/2021                              |                             |                |                             |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD |                                      |                             |                |                             |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP   |                                      |                             |                |                             |
| <b>CPT Code:</b>                            | 0031A  |                                      |                             |                |                             |
| <b>Sample Size:</b>                         | 0  | <b>Resp N:</b>                       | 0                           |                |                             |
| <b>Description of Sample:</b>               | Panel  |                                      |                             |                |                             |
|   |  | <b>Low</b>                           | <b>25<sup>th</sup> pctl</b> | <b>Median*</b> | <b>75<sup>th</sup> pctl</b> |
| <b>Service Performance Rate</b>             |  |                                      |                             |                |                             |
| <b>Survey RVW:</b>                          |  |                                      |                             |                |                             |
| <b>Pre-Service Evaluation Time:</b>         |  |                                      |                             | 0.00           |                             |
| <b>Pre-Service Positioning Time:</b>        |  |                                      |                             | 0.00           |                             |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |  |                                      |                             | 0.00           |                             |
| <b>Intra-Service Time:</b>                  |  |                                      |                             | 0.00           |                             |
| <b>Immediate Post Service-Time:</b>         |  | 0.00                                 |                             |                |                             |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>   | <b>CPT Code and Number of Visits</b> |                             |                |                             |
| <b>Critical Care time/visit(s):</b>         | 0.00   | 99291x 0.00                          | 99292x 0.00                 |                |                             |
| <b>Other Hospital time/visit(s):</b>        | 0.00   | 99231x 0.00                          | 99232x 0.00                 | 99233x 0.00    |                             |
| <b>Discharge Day Mgmt:</b>                  | 0.00   | 99238x 0.00                          | 99239x 0.00                 | 99217x 0.00    |                             |
| <b>Office time/visit(s):</b>                | 0.00   | 99211x 0.00                          | 12x 0.00                    | 13x 0.00       | 14x 0.00 15x 0.00           |
| <b>Prolonged Services:</b>                  | 0.00   | 99354x 0.00                          | 55x 0.00                    | 56x 0.00       | 57x 0.00                    |
| <b>Sub Obs Care:</b>                        | 0.00   | 99224x 0.00                          | 99225x 0.00                 | 99226x 0.00    |                             |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0031A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Positioning Time:</b>   |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Intra-Service Time:</b>   |       | 7.00   |  |  |
| <b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | 0.00   | 0.00   | 0.00   |

| <b>Post-Operative Visits</b>         | <b>Total Min**</b> | <b>CPT Code and Number of Visits</b> |                    |                    |                                 |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>Critical Care time/visit(s):</b>  | <b><u>0.00</u></b> | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                    |                                 |
| <b>Other Hospital time/visit(s):</b> | <b><u>0.00</u></b> | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b> |                                 |
| <b>Discharge Day Mgmt:</b>           | <b><u>0.00</u></b> | 99238x <b>0.0</b>                    | 99239x <b>0.0</b>  | 99217x <b>0.00</b> |                                 |
| <b>Office time/visit(s):</b>         | <b><u>0.00</u></b> | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>    | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>           | <b><u>0.00</u></b> | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>    | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                 | <b><u>0.00</u></b> | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b> |                                 |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|---------------------|---------------|-----------------|--------------------|

CPT Descriptor

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0031A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 0.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>0.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |
| Physical effort required |                    |                         |                    |

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

**Overall intensity/complexity**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Mental Effort and Judgment**

**Less                      Identical                      More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical effort required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

For CPT code 0031A, we recommend a crosswalk to the January 2021 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 0021A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5mL dosage; first dose

NOTE: CPT code 0021A was crosswalked from the December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 0011A (Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose)

NOTE: CPT code 0011A was crosswalked from the October 2009 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty                      How often?

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States?

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

# SS Rec Summary

|    | A   | B     | C      | D   | E    | F     | G                  | H   | I    | J    | K    | L   | M     | N        | O     | P   | Q          | R    | S   | T    | U   | V    |
|----|---|-------|--------|---|------|-------|--------------------|-----|------|------|------|-----|-------|----------|-------|-----|------------|------|-----|------|-----|------|
| 13 | <b>ISSUE: AstraZeneca COVID Immunization Administration</b> |       |        |   |      |       |                    |     |      |      |      |     |       |          |       |     |            |      |     |      |     |      |
| 14 |   |       |        |   |      |       |                    |     |      |      |      |     |       |          |       |     |            |      |     |      |     |      |
| 15 |   |       |        |   |      |       |                    |     |      |      |      |     |       |          |       |     |            |      |     |      |     |      |
| 16 |   |       |        |   |      |       |                    |     |      |      |      |     |       |          |       |     |            |      |     |      |     |      |
| 17 | Source  | CPT   | Global | DESC  | Resp | IWPUT | Work Per Unit Time | RVW |      |      |      |     | Total | PRE-TIME |       |     | INTRA-TIME |      |     |      |     | IMMD |
|    |   |       |        |   |      |       |                    | MIN | 25th | MED  | 75th | MAX | Time  | EVAL     | POSIT | SDW | MIN        | 25th | MED | 75th | MAX | POST |
| 18 | 1st REF<br>RUC REC<br>2009                                  | 90460 | XXX    | Immunization administration through 18 years of age via any route of administration, with |      | 0.029 | 0.029              |     |      | 0.20 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |
| 19 | 2021 CMS  | 90460 | XXX    | Immunization administration through 18 years of age via any                               |      | 0.024 | 0.024              |     |      | 0.17 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |
| 20 |   | 96411 | ZZZ    | Chemotherapy administration; intravenous, push technique,                                 |      | 0.033 | 0.029              |     |      | 0.20 |      |     | 7     | 3        |       |     |            |      | 4   |      |     |      |
| 21 |   | 99188 | XXX    | Application of topical fluoride varnish by a physician or other                           |      | 0.022 | 0.022              |     |      | 0.20 |      |     | 9     | 2        |       |     |            |      | 5   |      |     | 2    |
| 22 |   | 96365 | XXX    | Intravenous infusion, for therapy, prophylaxis, or  |      | 0.024 | 0.023              |     |      | 0.21 |      |     | 9     | 2        |       |     |            |      | 5   |      |     | 2    |
| 23 | December<br>2020 RUC  | 0011A | XXX    | Immunization administration by intramuscular injection of                                 |      | 0.029 | 0.029              |     |      | 0.20 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |
| 24 | December<br>2020 RUC  | 0012A | XXX    | Immunization administration by intramuscular injection of                                 |      | 0.029 | 0.029              |     |      | 0.20 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |
| 25 | REC   | 0021A | XXX    | Immunization administration by intramuscular injection of                                 |      | 0.029 | 0.029              |     |      | 0.20 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |
| 26 | REC   | 0022A | XXX    | Immunization administration by intramuscular injection of                                 |      | 0.029 | 0.029              |     |      | 0.20 |      |     | 7     |          |       |     |            |      | 7   |      |     |      |

# SS Rec Summary

|    | A   | B          | C             | D  | E           | F            | G                         | H          | I           | J          | K           | L          | M            | N               | O            | P          | Q                 | R           | S          | T           | U          | V           |   |
|----|---|------------|---------------|--|-------------|--------------|---------------------------|------------|-------------|------------|-------------|------------|--------------|-----------------|--------------|------------|-------------------|-------------|------------|-------------|------------|-------------|---|
| 3  | <b>INSTRUCTIONS</b>   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 4  | Insert information and data into all applicable cells <b>except</b> IWPUT and TOTAL TIME. These cells will automatically calculate. |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 5  | Hide columns and rows that do not contain data.   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 6  | <b>1st REF</b> = Top Key Reference code data  |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 7  | <b>2st REF</b> = Second Highest Key Reference code data   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 8  | <b>CURRENT</b> = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.              |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 9  | <b>SVY</b> = Survey data - as it appears on the Summary of Recommendation form.   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 10 | <b>REC</b> = Specialty Society recommended data as it appears on the Summary of Recommendation form.                                |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 11 |   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 12 |   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 13 | <b>ISSUE: Janssen COVID Immunization Administration</b>   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 14 | <b>TAB:</b>   |            |               |  |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 15 |   |            |               |  |             |              |                           | <b>RVW</b> |             |            |             |            | <b>Total</b> | <b>PRE-TIME</b> |              |            | <b>INTRA-TIME</b> |             |            |             |            | <b>IMMD</b> |   |
| 16 | <b>Source</b>   | <b>CPT</b> | <b>Global</b> | <b>DESC</b>  | <b>Resp</b> | <b>IWPUT</b> | <b>Work Per Unit Time</b> | <b>MIN</b> | <b>25th</b> | <b>MED</b> | <b>75th</b> | <b>MAX</b> | <b>Time</b>  | <b>EVAL</b>     | <b>POSIT</b> | <b>SDW</b> | <b>MIN</b>        | <b>25th</b> | <b>MED</b> | <b>75th</b> | <b>MAX</b> | <b>POST</b> |   |
| 17 | 1st REF<br>RUC REC<br>2009  | 90460      | XXX           | Immunization administration through 18 years of age via any route of administration with |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             |            | 7           |            |             |   |
| 18 | 2021 CMS  | 90460      | XXX           | Immunization administration through 18 years of age via any                              |             | 0.024        | 0.024                     |            |             | 0.17       |             |            | 7            |                 |              |            |                   |             |            | 7           |            |             |   |
| 19 |   | 96411      | ZZZ           | Chemotherapy administration; intravenous, push technique,                                |             | 0.033        | 0.029                     |            |             | 0.20       |             |            | 7            | 3               |              |            |                   |             |            | 4           |            |             |   |
| 20 |   | 99188      | XXX           | Application of topical fluoride varnish by a physician or other                          |             | 0.022        | 0.022                     |            |             | 0.20       |             |            | 9            | 2               |              |            |                   |             |            | 5           |            |             | 2 |
| 21 |   | 96365      | XXX           | Intravenous infusion, for therapy, prophylaxis, or                                       |             | 0.024        | 0.023                     |            |             | 0.21       |             |            | 9            | 2               |              |            |                   |             |            | 5           |            |             | 2 |
| 22 | December 2020 RUC   | 0011A      | XXX           | Immunization administration by intramuscular injection of                                |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             |            | 7           |            |             |   |
| 23 | January 2021 RUC  | 0021A      | XXX           | Immunization administration by intramuscular injection of                                |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             |            | 7           |            |             |   |
| 24 | REC   | 0031A      | XXX           | Immunization administration by intramuscular injection of                                |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             |            | 7           |            |             |   |



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2021

| CPT Code | Long Descriptor   | Global Period |
|----------|---|---------------|
| 0021A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; first dose  | XXX           |
| 0022A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; second dose | XXX           |

Vignette(s) (vignette required even if PE only code(s)):

| CPT Code | Vignette  |
|----------|---|
| 0021A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |
| 0022A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

RUC Advisors from AAFP, ACOG, ACP, ANA, and AAP acted as an expert panel and met by video conferencing, phone, and email to develop the recommended direct PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes):

We are utilizing CPT codes 0011A (Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose) and 0012A (Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100



NONFACILITY DIRECT PE INPUTS

CPT CODE(S):0021A-0022A

SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP,

AAP, ANA

PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

mcg/0.5mL dosage; second dose) as our crosswalk codes, which utilize CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered) as their base reference code due to the inherent similarity between the service described by 90460 and the COVID Immunization Administration (IA) codes. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as required by public health emergency (PHE) regulations for administering the pandemic COVID vaccine.

**Additionally, to the December 2020 RUC direct PE inputs for 0001A-0002A and 0011A-0012A (and, accordingly, 0021A-0022A), we are recommending one amendment: 3 sheets of laser printer paper (SK057) instead of 1 sheet of laser printer paper.**

**Rationale: The typical CDC Vaccine Information Sheet (VIS) is two pages (ie, one sheet of laser paper, printed double sided). However, the EUA for the Pfizer COVID VIS is 6 pages and the EUA for the Moderna COVID VIS is 5 pages (please see: <https://www.fda.gov/media/144414/download> and <https://www.fda.gov/media/144638/download>). It is anticipated that the AstraZeneca COVID VIS (and future COVID VIS) will follow suit. Therefore, we are amending our recommendation for SK057 accordingly (ie, three sheets of laser paper, printed double sided).**

3. Is this code(s) typically reported with an E/M service?

Is this code(s) typically reported with the E/M service in the nonfacility?

(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

No and no. The typical patient will not be seen for an E/M service as the COVID vaccine is being administered in response to its pandemic status.

4. What specialty is the dominant provider in the nonfacility?

What percent of the time does the dominant provider provide the service(s) in the nonfacility?

Is the dominant provider in the nonfacility different than for the global?

(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

CPT code 90460: Family Medicine; 46%; no.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA033: The additional minutes (7 minutes for 0021A; 5 minutes for 0022A) reflect 1 minute for manually filling out the vaccine card required to be given to the patient plus another 6 minutes (for 0021A) or 4 minutes (for 0022A) of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs. The typical patient is an adult who will need new record creation in IIS for 0021A, which typically takes 2 minutes to create and enter demographic information. New record creation will not be needed for the second dose given 21-28 days later (0022A). Therefore, the 6 minutes for 0021A reflects patient record creation and demographic entry (2 minutes) plus the actual vaccine information logging time and maintenance of vaccine refrigerator/freezer temperature logs (4 minutes). The 4 minutes for 0022A reflects only the actual vaccine information logging time and maintenance of vaccine refrigerator/freezer temperature logs (4 minutes).

CA034: The individual (RN/LPN/MTA) who performs the actual vaccine administration must be the person who documents the procedure in the patient’s medical record (ie, “the person who did it documents it, and

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

the person who documented it did it"). The 3 minutes is the same for both dose one (0021A) and dose two (0022A).

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

As a result of the COVID pandemic and vaccine emergency use authorization (EUA) status, administration of the COVID vaccine has direct PE inputs over and above those required for "regular" immunization administration, which cannot be entirely accounted for due to an increase in physician time:

- Vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports) (1 minute to CA008)
- Identify and contact appropriate patients and schedule immunization (2 minutes for 0021A only to CA005)
- Due to risk of anaphylaxis with COVID vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
- Providing patient with paper vaccine card (1 minute to CA033)
- Enter additional data into immunization information system (IIS) as required by state and federal regulations (6 minutes for 0021A and 4 minutes for 0022A to CA033)
- Use of a **vaccine medical grade refrigerator (NEW, line 111)** (100% of IS CST for 0021A and 0022A)
- Each refrigerator requires a **temperature monitor with alarm (ED043, line 107)**, which is accounted for in the total minutes for the vaccine medical grade refrigerator (NEW, line 111)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

Prepare patient chart with appropriate CDC VIS: Rolled into CA001  
 Provide patient/parent with appropriate CDC VIS: Rolled into CA012  
 Clinical staff (RN/LPN/MTA) enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.: Rolled into CA034  
 Clinical staff (Medical/Technical Assistant) enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature logs.: Rolled into CA033

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We allocated 0 minutes to obtain vital signs and, therefore, are requesting no CST.

9. Please provide a brief description of the clinical staff work for the following:
- a. Pre-Service period:

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0021A-0022A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP,**

**AAP, ANA**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Complete pre-service diagnostic and referral forms (ie, prepare patient chart with appropriate CDC VIS); Complete pre-procedure phone calls and prescription (ie, identify and contact appropriate patients and schedule immunization (0021A only)); Perform regulatory mandated quality assurance activity (ie, vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports)).

**b. Service period (includes pre, intra and post):**

Greet patient, provide gowning, ensure appropriate medical records; Provide education and obtain consent; Review requisition, assess for special needs (ie, provide patient/parent with appropriate CDC VIS); Prepare room, equipment, and supplies; Monitor patient following procedure; Clean room/equipment; Enter vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law; Enter additional data as required by state and federal regulations into the state online immunization information system (IIS) (registry); Maintain the vaccine refrigerator/freezer temperature log; Provide required paper card and information sheet to patient.

**c. Post-service period:**

Conduct patient communication.

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time:*

RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

While *identify and contact appropriate patients and schedule immunization* was originally assigned to Row 26 NEW, it was subsequently moved to CA005 during the December 2020 RUC/PE Subcommittee meeting. This is required by the CDC and local public health as the COVID vaccine will be delivered in tiers (2 minutes for 0021A only).

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <http://www.bls.gov>.

N/A

**INVOICES**

14.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the [RUC Collaboration Website](#) for information on the contents of kits, packs and trays.
18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
19. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet workbook*):
20. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?  
 a. If yes, please explain how the computer is used for this service(s).  
 b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?  
 c. Does the computer include code specific software that is typically used to provide the service(s)?
21. List all the equipment included in your recommendation and the equipment formula chosen (*please see document titled Calculating equipment time*). If you have selected “other formula” for any of the equipment please explain here:
22. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0021A-0022A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP,**

**AAP, ANA**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION**

23. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING**

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at [samantha.ashley@ama-assn.org](mailto:samantha.ashley@ama-assn.org) immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2021

| CPT Code | Long Descriptor  | Global Period |
|----------|--|---------------|
| 0031A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose | XXX           |

Vignette(s) (vignette required even if PE only code(s)):

| CPT Code | Vignette  |
|----------|---|
| 0031A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |

- Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

RUC Advisors from AAFP, ACOG, ACP, and AAP acted as an expert panel and met by video conferencing, phone, and email to develop the recommended direct PE inputs.

- Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at [samantha.ashley@ama-assn.org](mailto:samantha.ashley@ama-assn.org) for PE spreadsheets for your reference codes):

We are utilizing CPT code 0021A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage; first dose) as our crosswalk code, which utilizes CPT code 0011A (Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose) as its crosswalk code, with one exception: CPT code 0021A includes 3 sheets of laser printer paper (SK057) instead of 1 sheet of laser printer paper.  
Rationale: The typical CDC Vaccine Information Sheet (VIS) is two pages (ie, one sheet of laser paper, printed double sided). However, the EUA for the Pfizer COVID VIS is 6 pages and the EUA for the Moderna COVID VIS is 5 pages (please see: <https://www.fda.gov/media/144414/download> and <https://www.fda.gov/media/144638/download>). It is anticipated that the AstraZeneca COVID VIS (and future COVID VIS) will follow suit. Therefore, we are amending our recommendation for SK057 accordingly (ie, three sheets of laser paper, printed double sided).  
The base reference code to all COVID Immunization Administration (IA) codes (0001A-0002A, 0011A-0012A, 0021A-0022A, 0031A) is CPT code 90460 (Immunization administration through 18 years of age

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered) as its base reference code due to the inherent similarity between the service described by 90460 and the COVID IA codes. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as required by public health emergency (PHE) regulations for administering the pandemic COVID vaccine.

3. Is this code(s) typically reported with an E/M service?  
Is this code(s) typically reported with the E/M service in the nonfacility?  
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

No and no. The typical patient will not be seen for an E/M service as the COVID vaccine is being administered in response to its pandemic status.

4. What specialty is the dominant provider in the nonfacility?  
What percent of the time does the dominant provider provide the service(s) in the nonfacility?  
Is the dominant provider in the nonfacility different than for the global?  
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

CPT code 90460: Family Medicine; 46%; no.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA033: The additional minutes (7 minutes for 0031A) reflect 1 minute for manually filling out the vaccine card required to be given to the patient plus another 6 minutes of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs. The typical patient is an adult who will need new record creation in IIS for 0031A, which typically takes 2 minutes to create and enter demographic information. Therefore, the 6 minutes for 0031A reflects patient record creation and demographic entry (2 minutes) plus the actual vaccine information logging time and maintenance of vaccine refrigerator/freezer temperature logs (4 minutes).  
CA034: The individual (RN/LPN/MTA) who performs the actual vaccine administration must be the person who documents the procedure in the patient’s medical record (ie, “the person who did it documents it, and the person who documented it did it”) (3 minutes for 0031A).

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

As a result of the COVID pandemic and vaccine emergency use authorization (EUA) status, administration of the COVID vaccine has direct PE inputs over and above those required for “regular” immunization administration, which cannot be entirely accounted for due to an increase in physician time:

- Vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports) (1 minute to CA008)
- Identify and contact appropriate patients and schedule immunization (2 minutes for 0031A to CA005)

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0031A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Due to risk of anaphylaxis with COVID vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
- Providing patient with paper vaccine card (1 minute to CA033)
- Enter additional data into immunization information system (IIS) as required by state and federal regulations (6 minutes for 0031A to CA033)
- Use of a **vaccine medical grade refrigerator (NEW, line 111)** (100% of IS CST for 0031A)
- Each refrigerator requires a **temperature monitor with alarm (ED043, line 107)**, which is accounted for in the total minutes for the vaccine medical grade refrigerator (NEW, line 111)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

Prepare patient chart with appropriate CDC VIS: Rolled into CA001  
Provide patient/parent with appropriate CDC VIS: Rolled into CA012  
Clinical staff (RN/LPN/MTA) enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.: Rolled into CA034  
Clinical staff (Medical/Technical Assistant) enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature logs.: Rolled into CA033

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We allocated 0 minutes to obtain vital signs and, therefore, are requesting no CST.

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

Complete pre-service diagnostic and referral forms (ie, prepare patient chart with appropriate CDC VIS); Complete pre-procedure phone calls and prescription (ie, identify and contact appropriate patients and schedule immunization); Perform regulatory mandated quality assurance activity (ie, vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports).

b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records; Provide education and obtain consent; Review requisition, assess for special needs (ie, provide patient/parent with appropriate CDC VIS); Prepare room, equipment, and supplies; Monitor patient following procedure; Clean room/equipment; Enter vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law; Enter additional data as required by state and federal regulations into the state online immunization information system (IIS) (registry); Maintain the vaccine refrigerator/freezer temperature log; Provide required paper card and information sheet to patient.

c. Post-service period:

Conduct patient communication.



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0031A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time:*

RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

While *identify and contact appropriate patients and schedule immunization* was originally assigned to Row 26 NEW, it was subsequently moved to CA005 during the December 2020 RUC/PE Subcommittee meeting. This is required by the CDC and local public health as the COVID vaccine will be delivered in tiers (2 minutes for 0031A).

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <http://www.bls.gov>.

N/A

**INVOICES**

14.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the [RUC Collaboration Website](#) for information on the contents of kits, packs and trays.

N/A

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0031A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

McKesson redacted invoice attached, includes estimate for refrigerator, vaccine medical grade, w-data logger sngl glass door (\$7,674.43) (NEW, line 111)

19. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet workbook*):

10 years

20. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

21. List all the equipment included in your recommendation and the equipment formula chosen (*please see document titled Calculating equipment time*). If you have selected “other formula” for any of the equipment please explain here:

Formula: Default  
Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (SD043)  
Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) (\$7,674.43)

22. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

Please note under Medical Equipment:  
Line 107 (SD043): While its description begins with “refrigerator, vaccine,” it is the **temperature monitor with alarm** for the vaccine medical grade refrigerator (NEW, line 111).

**PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION**

23. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING**

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0031A**

**SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP,  
AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Tanvir  
Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).





|     | A                      | B   | D                        | E                    | F                                   | G  | H  | I  | J  | K        | L        | M        |
|-----|------------------------|---|--------------------------|----------------------|-------------------------------------|--|--|--|--|----------|----------|----------|
| 1   | RUC Practice           | Expense Spreadsheet   |                          |                      |                                     | REFERENCE CODE   | REFERENCE CODE   | RECOMMENDED  | RECOM#   |          |          |          |
| 2   |                        |   |                          |                      |                                     | 90460  | 99072  | 0001A  | 00   |          |          |          |
| 3   |                        | RUC Collaboration Website   |                          |                      |                                     | October 2009   | Sept 2020  | Immunization administration by intramuscular injection of severe acute respiratory | Immunization administration by intramuscular injection of severe acute respiratory |          |          |          |
| 4   | Clinical Activity Code | Meeting Date: January 2021<br>Revision Date (if applicable):<br>Tab: Janssen COVID Immunization Administration<br>Specialties: AAFP, ACOG, ACP, AAP | Clinical Staff Type Code | Clinical Staff Type  | Clinical Staff Type Rate Per Minute | Immunization administration through 18 years of age via any route of | Additional supplies, materials, and clinical staff time over and above those usually |  |  |          |          |          |
| 5   |                        | LOCATION  |                          |                      |                                     | Non Fac  | Facility   | Non Fac  | Facility   | Non Fac  | Facility | Non Fac  |
| 6   |                        | GLOBAL PERIOD   |                          |                      |                                     |  |  |  |  |          |          |          |
| 7   |                        | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME   |                          |                      |                                     | \$ 7.82  | \$ 0.37  | \$ 6.36  | \$ -   | \$ 15.18 | \$ -     | \$ 13.76 |
| 8   |                        | TOTAL CLINICAL STAFF TIME   | L037D                    | RN/LPN/MTA           | 0.37                                | 18.0   | 1.0  | 11.0   | 0.0  | 37.0     | 0.0      | 33.0     |
| 9   |                        | TOTAL PRE-SERVICE CLINICAL STAFF TIME   | L037D                    | RN/LPN/MTA           | 0.37                                | 1.0  | 0.0  | 3.0  | 0.0  | 4.0      | 0.0      | 2.0      |
| 10  |                        | TOTAL SERVICE PERIOD CLINICAL STAFF TIME  | L037D                    | RN/LPN/MTA           | 0.37                                | 16.0   | 0.0  | 8.0  | 0.0  | 30.0     | 0.0      | 28.0     |
| 11  |                        | TOTAL POST-SERVICE CLINICAL STAFF TIME  | L037D                    | RN/LPN/MTA           | 0.37                                | 1.0  | 1.0  | 0.0  | 0.0  | 3.0      | 0.0      | 3.0      |
| 95  | Supply Code            | MEDICAL SUPPLIES  | PRICE                    | UNIT                 |                                     |  |  |  |  |          |          |          |
| 96  |                        | TOTAL COST OF SUPPLY QUANTITY x PRICE   |                          |                      |                                     | \$ 1.00  | \$ -   | \$ 2.29  | \$ -   | \$ 0.61  | \$ -     | \$ 0.61  |
| 97  | SB033                  | mask, surgical  | 0.43                     | item                 |                                     |  |  | 3  |  | 0        |          | 0        |
| 98  | SC058                  | syringe w-needle, OSHA compliant (SafetyGlide)  | 0.4762                   | item                 |                                     | 1  |  |  |  | 0        |          | 0        |
| 99  | SJ053                  | swab-pad, alcohol   | 0.0333                   | item                 |                                     | 2  |  |  |  | 0        |          | 0        |
| 100 | SB022                  | gloves, non-sterile   | 0.246                    | pair                 |                                     | 0.5  |  |  |  | 1.0      |          | 1.0      |
| 101 | SG021                  | bandage, strip 0.75in x 3in (Bandaid)   | 0.3182                   | item                 |                                     | 1  |  |  |  | 1        |          | 1        |
| 102 | SK057                  | paper, laser printing (each sheet)  | 0.0163                   | item                 |                                     | 1  |  |  |  | 3        |          | 3        |
| 103 | NEW                    | Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleaners                                 | 1                        | computed per patient |                                     |  |  | 1  |  | 0        |          | 0        |
| 105 | Equipment Code         | EQUIPMENT   | Purchase Price           | Equipment Formula    | Cost Per Minute                     |  |  |  |  |          |          |          |
| 106 |                        | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE  |                          |                      |                                     | \$ 0.16  | \$ -   | \$ -   | \$ -   | \$ 1.65  | \$ -     | \$ 1.49  |
| 107 | ED043                  | refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates  | 1000                     |                      | 0.002653727                         | 16   |  |  |  | 37       |          | 33       |
| 108 | EF040                  | refrigerator, vaccine, commercial grade, w-alarm lock   | 2672.233                 |                      | 0.007091376                         | 16   |  |  |  |          |          |          |
| 111 | NEW                    | refrigerator, vaccine medical grade, w-data logger snlg glass door  | 7674.43                  | Default              | 0.020365838                         |  |  |  |  | 3        |          | 2        |
| 112 | NEW                    | freezer, under counter, ultra cold 3.7 cu ft  | 16,516.36                | Default              | 0.043829902                         |  |  |  |  | 34       |          | 31       |







#101816997

Items: 1  
Total: \$7,674.43<sub>9</sub>

Account

Ship To

Created By

| PO | Date       | Total      |
|----|------------|------------|
|    | 12/07/2020 | \$7,674.43 |

| Item #   | Description  | Mfr                 | Mfr #                    | Stock     | UOM | Price      | Qty | Total      |
|--|--|---------------------|--------------------------|-----------|-----|------------|-----|------------|
| 1007229  | REFRIGERATOR, VACCINE W/DATA<br>LOGGER SNGL GLASS DOOR | TEMPURE<br>SCIENTIF | V-22-HG-TP-KIT<br>W/FT2L | Non-Stock | EA  | \$7,674.43 | 1   | \$7,674.43 |
| Non-stock item, special order from supplier. Approximate delivery is 2-4 weeks |  |                     |                          |           |     |            |     |            |





## Appendix Q: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

This table links the individual severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine product codes (91300, 91301, 91302, 91303) to their associated immunization administration codes (0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A), manufacturer name, vaccine name(s), 10 and 11-digit National Drug Code (NDC) Labeler Product ID, and interval between doses. These codes are also located in the Medicine section of the CPT code set.

Additional introductory and instructional information for codes 0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A, 91300, 91301, 91302, and 91303 can be found in the Immunization Administration for Vaccines/Toxoids and Vaccines, Toxoids guidelines in the Medicine section of the CPT code set.

| Vaccine Code | Vaccine Code Descriptor   | Vaccine Administration Code(s)                               | Vaccine Manufacturer | Vaccine Name(s)                        | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|--------------|---|--|----------------------|--|---|-----------------|
| 91300        | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use  | 0001A (1 <sup>st</sup> dose)<br>0002A (2 <sup>nd</sup> dose) | Pfizer, Inc          | Pfizer-BioNTech<br>COVID-19<br>Vaccine | 59267-1000-1<br>59267-1000-01           | 21 days         |
| 91301        | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use  | 0011A (1 <sup>st</sup> dose)<br>0012A (2 <sup>nd</sup> dose) | Moderna, Inc         | Moderna<br>COVID-19<br>Vaccine         | 80777-273-10<br>80777-0273-10           | 28 days         |
| 91302        | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use | 0021A (1 <sup>st</sup> Dose)<br>0022A (2 <sup>nd</sup> Dose) | AstraZeneca, Plc     | AstraZeneca<br>COVID-19<br>Vaccine     | 0310-1222-10<br>00310-1222-10           | 28 Days         |

| Vaccine Code | Vaccine Code Descriptor  | Vaccine Administration Code(s) | Vaccine Manufacturer | Vaccine Name(s)          | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|--------------|--|--------------------------------|----------------------|--------------------------|---|-----------------|
| 91303        | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use | 0031A (Single dose)            | Janssen              | Janssen COVID-19 Vaccine | 59676-580-05<br>59676-0580-05           | Not applicable  |

December 17, 2020

Seema Verma, MPH  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Attention: CMS-9912-IFC

Subject: RUC Recommendations on COVID-19 Immunization Administration

Dear Administrator Verma:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) appreciates the opportunity to submit the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate the four new codes created (0001A, 0002A, 0011A and 0012A) that describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines.

The RUC intends to review all other immunization administration codes (90460, 90461, 90471, 90472, 90473, 90474, G0008, G0009 and G0010) in April 2021. Please note that the direct inputs for CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* are incorrect in the [CY 2021 PFS Final Rule Direct PE Inputs](#) and should instead reflect the direct practice expense inputs that are listed for 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered*. Currently, CPT code 90471 has **no supply inputs** listed and only 4 minutes clinical staff time.

We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at (312) 464-5604.

Sincerely,



Peter K. Smith, MD

Enclosures

cc: RUC Participants  
Perry Alexion, MD  
Edith Hambrick, MD  
Gift Tee  
Karen Nakano, MD  
Michael Soracoe

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

December 2020

### SARS-CoV-2-Immunization Administration for Vaccines/Toxoids

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. CPT codes 0001A and 0002A are used to report the first and second dose administration of the Pfizer-BioNTech COVID-19 vaccine (ie 30 mcg/0.3mL dosage, diluent reconstituted). CPT codes 0011A and 0012A are used to report the first and second dose administration of the Moderna COVID-19 vaccine (ie 100 mcg/0.5mL dosage). These CPT codes, developed based on extensive collaboration with CMS and the CDC, are unique for each of two coronavirus vaccines as well as administration codes unique to each such vaccine and dose. The new CPT codes clinically distinguish each COVID-19 vaccine for better tracking, reporting and analysis that supports data-driven planning and allocation. In addition, Appendix Q was created to facilitate an easy guide for proper reporting of all SARS-CoV-2 vaccine CPT codes.

In December 2020, the RUC convened a special meeting to review these four SARS-CoV-2 immunization administration codes. The specialty societies provided background on the previous valuation of CPT code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed*.

During the October 2009 meeting, the RUC provided recommendations for CPT code 90640 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.20 and 7 minutes intra-service time) and direct practice expense (PE) inputs. During the same meeting, the RUC reviewed recommendations for CPT code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed*, which was fast-tracked to address the immediate need to vaccinate against the 2009 pandemic.

In 2009, at the request of the Department of Health and Human Services, the CPT Editorial Panel created new CPT code 90470 to assist the public health effort to immediately vaccinate for H1N1. CMS requested that the RUC immediately review the new service and provide recommendations on the estimated physician work and direct practice expense inputs necessary to provide the immunization. The RUC recommended the same work RVU of 0.20 and 7 minutes of intra-service time for H1N1 code 90470 as it did for CPT code 90460. Additionally, the RUC recommended the direct PE inputs for CPT code 90470 be equivalent to CPT code 90460 with two primary exceptions. First, an additional two minutes of staff time were added to capture the additional work of identifying and contacting patients as the vaccine is provided by the state. In addition, the standard greet patient time of 3 minutes was added since an evaluation and management code is not additionally reported as part of the typical patient encounter for vaccinating during a pandemic.

CMS accepted the RUC recommendations for CPT code 90470, publishing a work RVU 0.20 and PE RVU of 0.42 on the 2010 Medicare Physician Payment Schedule (MFS), representing the resources utilized in vaccinating the public during a pandemic.

However, CMS crosswalked CPT code 90460 to CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17), which, in turn, was hard coded to CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular* (work RVU = 0.17). CPT code 90470 was sunset at the end of the H1N1 pandemic.

In the Proposed Rule for 2021, CMS noted that the IA payment rates resulting from the CPT code 96372 hard coding were substantially lower than the Centers for Disease Control and Prevention (CDC) regional maximum charges. CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services, as it is critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks.

#### ***SARS-CoV-2 (COVID-19) Immunization Administration***

The RUC reviewed the specialty society recommendation and agreed that 0001A, 0002A, 0011A and 0012A should be crosswalked to the 2009 RUC recommendation for CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (2009 recommended work RVU = 0.20 and 7 minutes of intra-service time).

For additional support the RUC referenced codes 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.20 and 7 minutes total time), 99188 *Application of topical fluoride varnish by a physician or other qualified health care professional* (work RVU = 0.20 and 9 minutes total time) and 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 9 minutes total time).

In the case of the COVID-19 vaccine requiring two doses, the total physician work resources required for the first dose should be equivalent to those required for the second dose to account for the possibility that a patient may not return to the same physician or even the same physician group for the second dose administration. Valuation must account for any necessary physician work to confirm the details of a patient's first dose. The specialty societies indicated, and the RUC agreed that the first and second dose both require 7 minutes of physician time. Data from the Phase III clinical trials involving these two mRNA COVID-19 vaccines indicate that patients receiving the second dose are more likely to experience adverse effects and the physician involvement addressing such questions are the same for both doses. The RUC agreed that there is no difference in physician work between the administration of the first and second dose, nor is there any difference in physician work or time to administer the Pfizer-BioNTech and Moderna immunizations. Therefore, the RUC recommends all four COVID-19 IA codes be crosswalked from the 2009 RUC recommendations for CPT code 90460 with respect to work and intra-service time. **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0001A, 0002A, 0011A and 0012A.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

## Practice Expense

The Practice Expense (PE) Subcommittee thoroughly and extensively discussed the practice expense inputs involved with the SARS-CoV-2 immunization administration codes in the physician office setting. The Subcommittee compared the direct PE inputs for the new IA codes with reference code 90460 and former CPT code 90470 and determined that the clinical staff times approved for code 90470 during the 2009 pandemic were appropriate. The inputs were modified to mirror the clinical staff times that had been in place for CPT code 90470. The Subcommittee also determined that new CPT code 99072 *Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease* would be utilized with these codes and thus removed the clinical staff times that would overlap with those in 99072. **The RUC strongly recommends that CMS approve payment for CPT code 99072 during the PHE.**

The specialty societies emphasized that though the clinical staff activities may be similar to other vaccination codes, the typical amount of clinical staff time is higher due to the requirements inherent in a public health emergency. There was significant discussion regarding the considerable documentation requirements that accompany these immunization administration codes. There was agreement that 2 minutes was appropriate for the first dose of both vaccines to identify and contact appropriate patients and schedule immunization. Concern was expressed, however, that the RN/LPN/MTA blend was not appropriate for registry entry, thus the staff labor type was modified for CA033 *Perform regulatory mandated quality assurance activity (service period)* to L026A *Medical/Technical Assistant*. A lesser amount of clinical staff time was allotted for CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)* with L037D *RN/LPN/MTA*, recognizing that more than baseline medical knowledge is required for this activity. There was also recognition that the initial data entry would require more time and the minutes for CA033 and CA034 in the subsequent codes were reduced accordingly. The CDC recommends 15 minutes of monitoring the patient following the administration of each dose for both vaccines. The PE Subcommittee agreed that the standard of 1 minute of clinical staff time to every 4 minutes of patient monitoring is appropriate, leading to 4 minutes of clinical staff monitoring time. A follow-up phone call from the patient to the practice to discuss symptoms or address questions was accepted as typical.

The PE Subcommittee also extensively discussed the supply and equipment inputs associated with the immunization administration codes. Supplies were modified to increase SB022 *gloves, non-sterile* to reflect a full pair and to remove the COVID-19 cleaning supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers as these are included in CPT code 99072. The PE Subcommittee excluded any supplies that are included in the ancillary supply kit supplied by the Federal Government at no cost to enrolled COVID-19 vaccine providers.

The equipment discussion focused on the definition and utilization of refrigeration, cooling devices and alarm systems. The utilization of two new additional pieces of equipment (*refrigerator, vaccine medical grade, w-data logger sngl glass door and freezer, under counter, ultra-cold 3.7 cu ft.*) were proposed and accepted. In 2019, there was significant discussion about the existing equipment ED043 *refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates* and whether it was a direct or indirect expense. At that time, ED043 was retained as a direct expense in accordance with the spreadsheet. The medication-grade refrigerator is used solely to store highly expensive and fragile biologics for use at the time they are needed. Although the medications are stored for longer than the length of the service, it would be extremely difficult to determine typical length of storage as this varies across local sites. The RUC and CMS have a precedent of including refrigerators in

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

direct expense costs and using the total clinical staff time for the equipment minutes, as was done for vaccination codes, including codes 90471, 90472, 90473, and 90474, where the equipment time for the refrigerator is equal to the total clinical staff time. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

| CPT Code  | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|-----------------|----------------|---------------|-------------------------|
| <p><b>Evaluation and Management<br/>Preventive Medicine Services</b></p> <p><i>The following codes are used to report . . .</i></p> <p>. . .</p> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, <u>0001A, 0002A, 0011A, 0012A</u>. For vaccine/toxoid products, see 90476-90749, <u>91300, 91301</u>.</p> <p><b>Medicine</b></p> <p>91300 _____ Codes are out of numerical sequence. See 90472-90581</p> <p>91301 _____ Codes are out of numerical sequence. See 90472-90581</p> <p><b>Immunization Administration for Vaccines/Toxoids</b></p> <p>Report vaccine immunization administration codes (90460, 90461, 90471-90474, <u>0001A, 0002A, 0011A, 0012A</u>) in addition to the vaccine and toxoid code(s) (90476-90749, <u>91300, 91301</u>).</p> <p>Report codes 90460 and 90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine <u>other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines</u>. For immunization administration of any vaccine, <u>other than SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines</u>, that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family/<u>guardian</u> or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also <b>Instructions for Use of the CPT Codebook</b> for definition of reporting qualifications.)</p> <p><u>Report 0001A, 0002A, 0011A, 0012A for immunization administration of SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines only. Each administration code is specific to each individual vaccine product (eg, 91300, 91301), the dosage schedule (eg, first dose, second dose), and counseling, when performed. The appropriate administration code is chosen based on the type of vaccine and the specific dose number the patient receives in the</u></p> |                 |                |               |                         |

schedule. For example, 0012A is reported for the second dose of vaccine 91301. Do not report 90460-90474 for the administration of SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccines. Codes related to SARS-CoV-2 (Coronavirus disease [COVID-19]) vaccine administration are listed in Appendix Q, with their associated vaccine code descriptors, vaccine administration codes, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.

*If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.*

*A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.*

*(For allergy testing, see 95004 et seq)*

*(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)*

*(For therapeutic or diagnostic injections, see 96372-96379)*

90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered*

+90461 *each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*

*(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)*

*(Do not report 90460, 90461 in conjunction with 91300, 91301, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90749 are administered at the same encounter)*

90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*

*(Do not report 90471 in conjunction with 90473)*

+90472 *each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*

*(Use 90472 in conjunction with 90460, 90471, 90473)*



(Do not report 90471, 90472 in conjunction with 91300, 91301, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] vaccine /toxoid product and at least one vaccine/toxoid product from 90476-90749 are administered at the same encounter)

*(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96374)*

*(For intravesical administration of BCG vaccine, see 51720, 90586)*

90473 *Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)*

*(Do not report 90473 in conjunction with 90471)*

+90474 *each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*

*(Use 90474 in conjunction with 90460, 90471, 90473)*

(Do not report 90473, 90474 in conjunction with 91300, 91301, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90749 are administered at the same encounter)

|        |    |   |     |      |
|--------|----|---|-----|------|
| ●0001A | A1 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose | XXX | 0.20 |
| ●0002A | A2 | second dose<br>(Report 0001A, 0002A for the administration of vaccine 91300)  | XXX | 0.20 |
| ●0011A | A3 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose                       | XXX | 0.20 |
| ●0012A | A4 | second dose<br>(Report 0011A, 0012A for the administration of vaccine 91301)  | XXX | 0.20 |



December 9, 2020

Peter Smith, MD  
Chairperson, AMA/Specialty Society Relative Value Scale Update Committee  
Relative Value Systems, American Medical Association  
330 N Wabash Ave, Suite 39300  
Chicago, IL 60611

Re: COVID-19 Immunization Administration Codes (0001A, 0002A, 0011A, 0012A)

Dear Doctor Smith:

The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration codes as follows:

**0001A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose

**Recommendation:**

- Crosswalk to October 2009 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
- Utilize October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine

**0002A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose

**Recommendation:**

- Crosswalk to October 2009 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
- Utilize October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine

**0011A** Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose

**Recommendation:**

- Crosswalk to October 2009 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)

**•Utilize October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine**

**0012A** Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose

**Recommendation:**

**•Crosswalk to October 2009 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)**

**•Utilize October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine**

Research Subcommittee Approval

The Research Subcommittee approved our request to submit COVID-19 immunization administration (IA) recommendations using a crosswalk methodology:

- *The Research Subcommittee approves for the use of a crosswalk methodology in general to value (0001A, 0002A, 0011A, 0012A). A couple of members expressed concern that future Covid-19 immunization administration codes may present unforeseen costs and questioned whether there should be a blanket recommendation about future codes. The Subcommittee notes it is the purview of the RUC to determine the specific crosswalk code.*

Background

During the October 2009 meeting, the RUC approved 0.20 wRVU, 7 minutes intraservice time, and direct practice expense (PE) inputs for CPT code 90460. During the same meeting, the RUC reviewed recommendations for CPT code 90470 (H1N1 immunization administration (intramuscular, intranasal), including counseling when performed) which was fast tracked to address the immediate need to vaccinate against the 2009 pandemic.

At the request of the Department of Health and Human Services, the CPT Editorial Panel created new CPT code 90470 to assist the public health effort to immediately vaccinate for H1N1. CMS asked the RUC to immediately review the new service and provide recommendations on the estimated physician work and direct practice expense inputs anticipated to be required to provide the immunization. The RUC recommended the same wRVU (0.20) and intraservice time (7 minutes) for 90470 as it did for CPT code 90460. Additionally, the RUC recommended the direct PE inputs for CPT code 90470 be equivalent to CPT code 90460 with two primary exceptions. First, an additional two minutes of staff time was added to capture the additional work of identifying and contacting patients as the vaccine is provided by the state. In addition, the standard greet patient time of 3 minutes was added since an evaluation and management code is not additionally reported as part of the typical patient encounter for vaccinating during a pandemic.

CMS accepted the RUC recommendations for CPT code 90470, publishing 0.20 wRVU and 0.42 PE RVUs on the 2010 Medicare Physician Fee Schedule (MPFS), representing the resources utilized in vaccinating the public during a pandemic.

CPT code 90460, however, was crosswalked by CMS to CPT code 90471 (Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or

combination vaccine/toxoid), which, in turn, was hard coded to CPT code 96372 (Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular).

In the 2021 MPFS proposed rule, CMS noted that the IA payment rates resulting from the 96372 hard coding were substantially lower than the Centers for Disease Control and Prevention (CDC) regional maximum charges. CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services, as it is critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. (Source: [CMS 1734-P](#) (page 268))

With the exception of CPT code 90470, CMS has never accepted RUC survey-based recommendations for IA codes. This holds true even though the RUC recommendations for CPT code 90460 formed the basis of CMS’ valuation of CPT code 90470. CPT code 90470 was sunset at the end of the pandemic.

**Rationale**

**1) The October 2009 RUC-recommended wRVU and intraservice time for CPT code 90460 are the appropriate crosswalks for the COVID IA codes. The October 2009 RUC-recommended direct PE inputs for CPT code 90460 form the appropriate template for the COVID IA codes.**

**2) As resource expenditure is equivalent among all four COVID-19 IA codes, there should be no payment differential between the first dose administration and second/subsequent dose administration in a multidose COVID-19 vaccine schedule.**

|   | First Dose Administration  | Second/Subsequent Dose Administration   | Equivalent? |
|---|--|---|-------------|
| Work (ie, Counseling)                   | <ul style="list-style-type: none"> <li>•Vaccine hesitancy (rising rates in general population coupled with trend toward lack of trust in CDC/public health)</li> <li>•Enhanced consent required to administer new vaccine in unlicensed patient population (eg, pediatric patients)</li> </ul> | <ul style="list-style-type: none"> <li>•Ongoing or new vaccine hesitancy</li> <li>•Patient questions on ability to intermix vaccine products; uncertain patient vaccine history; patient confusion about minimum interval requirement for receiving second/subsequent dose; side effects from first/prior dose</li> </ul> | Yes         |
| Administrative Staff Time (Indirect PE) | <ul style="list-style-type: none"> <li>•Schedule follow-up appointment for next dose compliant with the vaccine’s minimum interval requirement</li> </ul>  | <ul style="list-style-type: none"> <li>•Patient reminder/recall to comply with 21/28-day minimum interval requirement</li> <li>•Schedule follow-up appointment for next dose compliant with the vaccine’s minimum interval requirement</li> </ul>   | Yes         |

|  |   |  |   |
|--|---|--|---|
| <p>Clinical Staff Time</p>             | <ul style="list-style-type: none"> <li>•Identify and contact appropriate patients and schedule immunization</li> <li>•Prepare patient chart with appropriate CDC vaccine information sheet (VIS)</li> <li>•Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports)</li> <li>•Greet patient, provide gowning, ensure appropriate medical records</li> <li>•Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent</li> <li>•Provide patient/parent with appropriate CDC VIS</li> <li>•Obtain vital signs</li> <li>•Prepare room/equipment/supplies</li> <li>•Administer vaccine</li> <li>•Clean room/equipment</li> <li>•Check on patient before discharge and answer final questions</li> <li>•Provide required paper form to patient</li> <li>•Enter vaccine information into the patient medical record</li> <li>•Conduct expanded <a href="#">immunization information system (IIS) reporting</a></li> <li>•Maintain vaccine refrigerator/freezer temperature log</li> </ul> | <ul style="list-style-type: none"> <li>•Identify and contact appropriate patients and schedule immunization</li> <li>•Prepare patient chart with appropriate CDC VIS</li> <li>•Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports)</li> <li>•Greet patient, provide gowning, ensure appropriate medical records</li> <li>•Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent</li> <li>•Confirm appropriate interval from prior dose</li> <li>•Provide patient/parent with appropriate CDC VIS</li> <li>•Obtain vital signs</li> <li>•Prepare room/equipment/supplies</li> <li>•Administer vaccine</li> <li>•Clean room/equipment</li> <li>•Check on patient before discharge and answer final questions</li> <li>•Provide required paper form to patient</li> <li>•Enter vaccine information into the patient medical record</li> <li>•Conduct expanded <a href="#">IIS reporting</a></li> <li>•Maintain vaccine refrigerator/freezer temperature log</li> </ul> | <p style="text-align: center;">Yes</p> <p>Expanded IIS reporting: Please see example of <a href="#">Texas' expanded IIS reporting</a></p> |
| <p>Clinical Staff Time (continued)</p> | <ul style="list-style-type: none"> <li>•Identify and contact appropriate patients and schedule immunization</li> <li>•Prepare patient chart with appropriate CDC vaccine information sheet (VIS)</li> <li>•Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports)</li> <li>•Greet patient, provide gowning, ensure appropriate medical records</li> <li>•Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent</li> <li>•Provide patient/parent with appropriate CDC VIS</li> <li>•Obtain vital signs</li> <li>•Prepare room/equipment/supplies</li> <li>•Administer vaccine</li> <li>•Clean room/equipment</li> <li>•Check on patient before discharge and answer final questions</li> <li>•Provide required paper form to patient</li> <li>•Enter vaccine information into the patient medical record</li> <li>•Conduct expanded <a href="#">immunization information system (IIS) reporting</a></li> <li>•Maintain vaccine refrigerator/freezer temperature log</li> </ul> | <ul style="list-style-type: none"> <li>•Identify and contact appropriate patients and schedule immunization</li> <li>•Prepare patient chart with appropriate CDC VIS</li> <li>•Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports)</li> <li>•Greet patient, provide gowning, ensure appropriate medical records</li> <li>•Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent</li> <li>•Confirm appropriate interval from prior dose</li> <li>•Provide patient/parent with appropriate CDC VIS</li> <li>•Obtain vital signs</li> <li>•Prepare room/equipment/supplies</li> <li>•Administer vaccine</li> <li>•Clean room/equipment</li> <li>•Check on patient before discharge and answer final questions</li> <li>•Provide required paper form to patient</li> <li>•Enter vaccine information into the patient medical record</li> <li>•Conduct expanded <a href="#">IIS reporting</a></li> <li>•Maintain vaccine refrigerator/freezer temperature log</li> </ul> | <p style="text-align: center;">Yes</p>  |
| <p>Medical Supplies</p>                | <ul style="list-style-type: none"> <li>•Gloves</li> <li>•OSHA compliant syringe w-needle</li> </ul>   | <ul style="list-style-type: none"> <li>•Gloves</li> <li>•OSHA compliant syringe w-needle</li> </ul>  | <p style="text-align: center;">Yes</p>  |

|                   |  |  |     |
|-------------------|--|--|-----|
|                   | <ul style="list-style-type: none"> <li>•Alcohol swab</li> <li>•Bandage</li> <li>•CDC VIS</li> <li>•PPE (CPT code 99072)</li> </ul>   | <ul style="list-style-type: none"> <li>•Alcohol swab</li> <li>•Bandage</li> <li>•CDC VIS</li> <li>•PPE (CPT code 99072)</li> </ul>   |     |
| Medical Equipment | <ul style="list-style-type: none"> <li>•Refrigerator, vaccine medical grade, w-data logger</li> <li>•Refrigerator, vaccine, temperature monitor w/alarm</li> <li>•Freezer, under counter, ultra cold 3.7 cu ft (0001A only)</li> </ul> | <ul style="list-style-type: none"> <li>•Refrigerator, vaccine medical grade, w-data logger</li> <li>•Refrigerator, vaccine, temperature monitor w/alarm</li> <li>•Freezer, under counter, ultra cold 3.7 cu ft (0002A only)</li> </ul> | Yes |
| PLI               |  |  | Yes |

Additionally, in the case of the COVID-19 vaccine requiring two doses, the total resources required for the first dose should be at least equivalent to those required for the second dose to account for the possibility a patient may not return to the same physician or even same physician group for the second dose administration. Valuation must account for any necessary physician work to confirm the details of a patient's first dose.

Therefore, we believe all four COVID-19 IA codes listed above should be crosswalked from the RUC recommendations for CPT code 90460 with respect to work and intraservice time. Additionally, the RUC-recommended direct PE inputs for code 90460 should be utilized as the template for the COVID IA codes, adding the incremental direct practice expense inputs required for administering the COVID-19 vaccine.

Sincerely,

**Megan Adamson, MD, MHS-CL**  
RUC Advisor  
American Academy of Family Physicians

**Jon Hathaway, MD, PhD**  
RUC Advisor  
American College of Obstetricians and Gynecologists

**Tanvir Hussain, MD**  
RUC Advisor  
American College of Physicians

**Steven Krug, MD**  
RUC Advisor  
American Academy of Pediatrics

Attachments:

October 2009 RUC Recommendations for Immunization Administration 90460-90461  
October 2009 RUC Recommendations for H1N1 Immunization Administration 90470

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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|                    |                   |   |
|--------------------|-------------------|---|
| CPT Code:0001A     | Tracking Number   | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                   | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU: | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

---

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The first dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**



**SURVEY DATA**

|   |  |                                      |                    |                             |                                 |
|---|--|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |  | 12/2020                              |                    |                             |                                 |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD |                                      |                    |                             |                                 |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP   |                                      |                    |                             |                                 |
| <b>CPT Code:</b>                            | 0001A  |                                      |                    |                             |                                 |
| <b>Sample Size:</b>                         | <b>Resp N:</b> 0   |                                      |                    |                             |                                 |
| <b>Description of Sample:</b> Panel         |  |                                      |                    |                             |                                 |
|   | <b>Low</b>   | <b>25<sup>th</sup> pctl</b>          | <b>Median*</b>     | <b>75<sup>th</sup> pctl</b> | <b>High</b>                     |
| <b>Service Performance Rate</b>             |  |                                      |                    |                             |                                 |
| <b>Survey RVW:</b>                          |  |                                      |                    |                             |                                 |
| <b>Pre-Service Evaluation Time:</b>         |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Positioning Time:</b>        |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Intra-Service Time:</b>                  |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Immediate Post Service-Time:</b>         | <b>0.00</b>  |                                      |                    |                             |                                 |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>   | <b>CPT Code and Number of Visits</b> |                    |                             |                                 |
| <b>Critical Care time/visit(s):</b>         | <b>0.00</b>  | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                             |                                 |
| <b>Other Hospital time/visit(s):</b>        | <b>0.00</b>  | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b>          |                                 |
| <b>Discharge Day Mgmt:</b>                  | <b>0.00</b>  | 99238x <b>0.00</b>                   | 99239x <b>0.00</b> | 99217x <b>0.00</b>          |                                 |
| <b>Office time/visit(s):</b>                | <b>0.00</b>  | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>             | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>                  | <b>0.00</b>  | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>             | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                        | <b>0.00</b>  | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b>          |                                 |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0001A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Positioning Time:</b>   |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Intra-Service Time:</b>   |       | <b>7.00</b>                                    |  |  |
| <b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |

| <u>Post-Operative Visits</u>         | <u>Total Min**</u> | <u>CPT Code and Number of Visits</u> |                    |                    |                                 |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>Critical Care time/visit(s):</b>  | <b><u>0.00</u></b> | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                    |                                 |
| <b>Other Hospital time/visit(s):</b> | <b><u>0.00</u></b> | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b> |                                 |
| <b>Discharge Day Mgmt:</b>           | <b><u>0.00</u></b> | 99238x <b>0.0</b>                    | 99239x <b>0.0</b>  | 99217x <b>0.00</b> |                                 |
| <b>Office time/visit(s):</b>         | <b><u>0.00</u></b> | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>    | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>           | <b><u>0.00</u></b> | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>    | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                 | <b><u>0.00</u></b> | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b> |                                 |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|---------------------|---------------|-----------------|--------------------|

CPT Descriptor**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0001A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 7.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>7.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |
| Physical effort required |                    |                         |                    |

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

**Overall intensity/complexity**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Mental Effort and Judgment**

**Less                      Identical                      More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical effort required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty                                      How often?

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0  
 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

---

|                    |                   |   |
|--------------------|-------------------|---|
| CPT Code:0002A     | Tracking Number   | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                   | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU: | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

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Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The first dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

|   |  |                                      |                    |                             |                                 |
|---|--|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |  | 12/2020                              |                    |                             |                                 |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD |                                      |                    |                             |                                 |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP   |                                      |                    |                             |                                 |
| <b>CPT Code:</b>                            | 0002A  |                                      |                    |                             |                                 |
| <b>Sample Size:</b>                         | <b>Resp N:</b>   | 0                                    |                    |                             |                                 |
| <b>Description of Sample:</b> Panel         |  |                                      |                    |                             |                                 |
|   | <b>Low</b>   | <b>25<sup>th</sup> pctl</b>          | <b>Median*</b>     | <b>75<sup>th</sup> pctl</b> | <b>High</b>                     |
| <b>Service Performance Rate</b>             |  |                                      |                    |                             |                                 |
| <b>Survey RVW:</b>                          |  |                                      |                    |                             |                                 |
| <b>Pre-Service Evaluation Time:</b>         |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Positioning Time:</b>        |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Intra-Service Time:</b>                  |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Immediate Post Service-Time:</b>         | <b>0.00</b>  |                                      |                    |                             |                                 |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>   | <b>CPT Code and Number of Visits</b> |                    |                             |                                 |
| <b>Critical Care time/visit(s):</b>         | <b>0.00</b>  | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                             |                                 |
| <b>Other Hospital time/visit(s):</b>        | <b>0.00</b>  | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b>          |                                 |
| <b>Discharge Day Mgmt:</b>                  | <b>0.00</b>  | 99238x <b>0.00</b>                   | 99239x <b>0.00</b> | 99217x <b>0.00</b>          |                                 |
| <b>Office time/visit(s):</b>                | <b>0.00</b>  | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>             | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>                  | <b>0.00</b>  | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>             | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                        | <b>0.00</b>  | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b>          |                                 |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0002A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Positioning Time:</b>   |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Intra-Service Time:</b>   |       | <b>7.00</b>                                    |  |  |
| <b>Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |



| <u>Post-Operative Visits</u>         | <u>Total Min**</u> | <u>CPT Code and Number of Visits</u> |                    |                    |                                 |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>Critical Care time/visit(s):</b>  | <b><u>0.00</u></b> | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                    |                                 |
| <b>Other Hospital time/visit(s):</b> | <b><u>0.00</u></b> | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b> |                                 |
| <b>Discharge Day Mgmt:</b>           | <b><u>0.00</u></b> | 99238x <b>0.0</b>                    | 99239x <b>0.0</b>  | 99217x <b>0.00</b> |                                 |
| <b>Office time/visit(s):</b>         | <b><u>0.00</u></b> | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>    | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>           | <b><u>0.00</u></b> | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>    | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                 | <b><u>0.00</u></b> | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b> |                                 |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|                     |               |                 |                    |

CPT Descriptor**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0002A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 7.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>7.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |
| Physical effort required |                    |                         |                    |

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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**2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

**Overall intensity/complexity**

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**Mental Effort and Judgment**

**Less                      Identical                      More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

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**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required

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Physical effort required

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**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

- Specialty                                      How often?
- Specialty                                      How often?
- Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0  
 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

- Specialty                      Frequency 0                      Percentage 0.00 %
- Specialty                      Frequency 0                      Percentage 0.00 %
- Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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|                    |                   |   |
|--------------------|-------------------|---|
| CPT Code:0011A     | Tracking Number   | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                   | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU: | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The first dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

|   |  |                                      |                             |                |                             |
|---|--|--------------------------------------|-----------------------------|----------------|-----------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |  | 12/2020                              |                             |                |                             |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD |                                      |                             |                |                             |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP   |                                      |                             |                |                             |
| <b>CPT Code:</b>                            | 0011A  |                                      |                             |                |                             |
| <b>Sample Size:</b>                         | 0  | <b>Resp N:</b>                       | 0                           |                |                             |
| <b>Description of Sample:</b>               | Panel  |                                      |                             |                |                             |
|   |  | <b>Low</b>                           | <b>25<sup>th</sup> pctl</b> | <b>Median*</b> | <b>75<sup>th</sup> pctl</b> |
| <b>Service Performance Rate</b>             |  |                                      |                             |                |                             |
| <b>Survey RVW:</b>                          |  |                                      |                             |                |                             |
| <b>Pre-Service Evaluation Time:</b>         |  |                                      |                             | 0.00           |                             |
| <b>Pre-Service Positioning Time:</b>        |  |                                      |                             | 0.00           |                             |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |  |                                      |                             | 0.00           |                             |
| <b>Intra-Service Time:</b>                  |  |                                      |                             | 0.00           |                             |
| <b>Immediate Post Service-Time:</b>         | 0.00   |                                      |                             |                |                             |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>   | <b>CPT Code and Number of Visits</b> |                             |                |                             |
| <b>Critical Care time/visit(s):</b>         | 0.00   | 99291x 0.00                          | 99292x 0.00                 |                |                             |
| <b>Other Hospital time/visit(s):</b>        | 0.00   | 99231x 0.00                          | 99232x 0.00                 | 99233x 0.00    |                             |
| <b>Discharge Day Mgmt:</b>                  | 0.00   | 99238x 0.00                          | 99239x 0.00                 | 99217x 0.00    |                             |
| <b>Office time/visit(s):</b>                | 0.00   | 99211x 0.00                          | 12x 0.00                    | 13x 0.00       | 14x 0.00 15x 0.00           |
| <b>Prolonged Services:</b>                  | 0.00   | 99354x 0.00                          | 55x 0.00                    | 56x 0.00       | 57x 0.00                    |
| <b>Sub Obs Care:</b>                        | 0.00   | 99224x 0.00                          | 99225x 0.00                 | 99226x 0.00    |                             |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0011A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Positioning Time:</b>   |       | 0.00   | 0.00   | 0.00   |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | 0.00   | 0.00   | 0.00   |
| <b>Intra-Service Time:</b>   |       | 7.00   |  |  |
| <b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | 0.00   | 0.00   | 0.00   |

| <b>Post-Operative Visits</b>         | <b>Total Min**</b> | <b>CPT Code and Number of Visits</b> |             |             |                   |
|--------------------------------------|--------------------|--------------------------------------|-------------|-------------|-------------------|
| <b>Critical Care time/visit(s):</b>  | <b>0.00</b>        | 99291x 0.00                          | 99292x 0.00 |             |                   |
| <b>Other Hospital time/visit(s):</b> | <b>0.00</b>        | 99231x 0.00                          | 99232x 0.00 | 99233x 0.00 |                   |
| <b>Discharge Day Mgmt:</b>           | <b>0.00</b>        | 99238x 0.0                           | 99239x 0.0  | 99217x 0.00 |                   |
| <b>Office time/visit(s):</b>         | <b>0.00</b>        | 99211x 0.00                          | 12x 0.00    | 13x 0.00    | 14x 0.00 15x 0.00 |
| <b>Prolonged Services:</b>           | <b>0.00</b>        | 99354x 0.00                          | 55x 0.00    | 56x 0.00    | 57x 0.00          |
| <b>Sub Obs Care:</b>                 | <b>0.00</b>        | 99224x 0.00                          | 99225x 0.00 | 99226x 0.00 |                   |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|---------------------|---------------|-----------------|--------------------|

CPT Descriptor

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0011A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 7.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>7.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |
| Physical effort required |                    |                         |                    |

**Psychological Stress**

**Less**                      **Identical**                      **More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**2nd Key Reference Code**

**Much Less**                      **Somewhat Less**                      **Identical**                      **Somewhat More**                      **Much More**

**Overall intensity/complexity**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Mental Effort and Judgment**

**Less**                      **Identical**                      **More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

|  |  |  |
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|--|--|--|

**Technical Skill/Physical Effort**

**Less**                      **Identical**                      **More**

Technical skill required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical effort required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Psychological Stress**

**Less**                      **Identical**                      **More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
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|--|--|--|

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty                                      How often?

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |

Do many physicians perform this service across the United States?

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

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|                    |                   |   |
|--------------------|-------------------|---|
| CPT Code:0012A     | Tracking Number   | Original Specialty Recommended RVU: <b>0.20</b> |
|                    |                   | Presented Recommended RVU: <b>0.20</b>          |
| Global Period: XXX | Current Work RVU: | RUC Recommended RVU: <b>0.20</b>                |

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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**Description of Pre-Service Work:**

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The first dose of the COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

|   |  |                                      |                    |                             |                                 |
|---|--|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| <b>RUC Meeting Date (mm/yyyy)</b>           |  | 12/2020                              |                    |                             |                                 |
| <b>Presenter(s):</b>                        | Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD |                                      |                    |                             |                                 |
| <b>Specialty Society(ies):</b>              | AAFP, ACOG, ACP, AAP   |                                      |                    |                             |                                 |
| <b>CPT Code:</b>                            | 0012A  |                                      |                    |                             |                                 |
| <b>Sample Size:</b>                         | <b>Resp N:</b> 0   |                                      |                    |                             |                                 |
| <b>Description of Sample:</b> Panel         |  |                                      |                    |                             |                                 |
|   | <b>Low</b>   | <b>25<sup>th</sup> pctl</b>          | <b>Median*</b>     | <b>75<sup>th</sup> pctl</b> | <b>High</b>                     |
| <b>Service Performance Rate</b>             |  |                                      |                    |                             |                                 |
| <b>Survey RVW:</b>                          |  |                                      |                    |                             |                                 |
| <b>Pre-Service Evaluation Time:</b>         |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Positioning Time:</b>        |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Pre-Service Scrub, Dress, Wait Time:</b> |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Intra-Service Time:</b>                  |  |                                      | <b>0.00</b>        |                             |                                 |
| <b>Immediate Post Service-Time:</b>         | <b>0.00</b>  |                                      |                    |                             |                                 |
| <b>Post Operative Visits</b>                | <b>Total Min**</b>   | <b>CPT Code and Number of Visits</b> |                    |                             |                                 |
| <b>Critical Care time/visit(s):</b>         | <b>0.00</b>  | 99291x <b>0.00</b>                   | 99292x <b>0.00</b> |                             |                                 |
| <b>Other Hospital time/visit(s):</b>        | <b>0.00</b>  | 99231x <b>0.00</b>                   | 99232x <b>0.00</b> | 99233x <b>0.00</b>          |                                 |
| <b>Discharge Day Mgmt:</b>                  | <b>0.00</b>  | 99238x <b>0.00</b>                   | 99239x <b>0.00</b> | 99217x <b>0.00</b>          |                                 |
| <b>Office time/visit(s):</b>                | <b>0.00</b>  | 99211x <b>0.00</b>                   | 12x <b>0.00</b>    | 13x <b>0.00</b>             | 14x <b>0.00</b> 15x <b>0.00</b> |
| <b>Prolonged Services:</b>                  | <b>0.00</b>  | 99354x <b>0.00</b>                   | 55x <b>0.00</b>    | 56x <b>0.00</b>             | 57x <b>0.00</b>                 |
| <b>Sub Obs Care:</b>                        | <b>0.00</b>  | 99224x <b>0.00</b>                   | 99225x <b>0.00</b> | 99226x <b>0.00</b>          |                                 |

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

|  |       |  |  |  |
|--|-------|--|--|--|
| <b>CPT Code:</b>   | 0012A | <b>Recommended Physician Work RVU: 0.20</b>    |  |  |
|  |       | <b>Specialty Recommended Pre-Service Time</b>  | <b>Specialty Recommended Pre Time Package</b>  | <b>Adjustments/Recommended Pre-Service Time</b>  |
| <b>Pre-Service Evaluation Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Positioning Time:</b>   |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Pre-Service Scrub, Dress, Wait Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |
| <b>Intra-Service Time:</b>   |       | <b>7.00</b>                                    |  |  |
| <b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> |       |  |  |  |
| XXX Global Code  |       |  |  |  |
|  |       | <b>Specialty Recommended Post-Service Time</b> | <b>Specialty Recommended Post Time Package</b> | <b>Adjustments/Recommended Post-Service Time</b> |
| <b>Immediate Post Service-Time:</b>  |       | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                      |

| <b>Post-Operative Visits</b>         | <b>Total Min**</b> | <b>CPT Code and Number of Visits</b> |             |             |                   |
|--------------------------------------|--------------------|--------------------------------------|-------------|-------------|-------------------|
| <b>Critical Care time/visit(s):</b>  | <b>0.00</b>        | 99291x 0.00                          | 99292x 0.00 |             |                   |
| <b>Other Hospital time/visit(s):</b> | <b>0.00</b>        | 99231x 0.00                          | 99232x 0.00 | 99233x 0.00 |                   |
| <b>Discharge Day Mgmt:</b>           | <b>0.00</b>        | 99238x 0.0                           | 99239x 0.0  | 99217x 0.00 |                   |
| <b>Office time/visit(s):</b>         | <b>0.00</b>        | 99211x 0.00                          | 12x 0.00    | 13x 0.00    | 14x 0.00 15x 0.00 |
| <b>Prolonged Services:</b>           | <b>0.00</b>        | 99354x 0.00                          | 55x 0.00    | 56x 0.00    | 57x 0.00          |
| <b>Sub Obs Care:</b>                 | <b>0.00</b>        | 99224x 0.00                          | 99225x 0.00 | 99226x 0.00 |                   |

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 90460               | XXX           | 0.20            | RUC Time           |

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
|---------------------|---------------|-----------------|--------------------|

CPT Descriptor**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 99406                 | XXX           | 0.24            | RUC Time           | 532,709                     |

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|-----------------------------|
| 92081                 | XXX           | 0.30            | RUC Time           | 92,708                      |

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90470                           | XXX           | 0.20            | RUC Time           |

CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 0 % of respondents: 0.0 %

**TIME ESTIMATES (Median)**

|   | CPT Code:<br>0012A | Top Key<br>Reference<br>CPT Code:<br>90460 | 2nd Key<br>Reference<br>CPT Code:<br>_____ |
|---|--------------------|--|--|
| Median Pre-Service Time                 | 0.00               | 0.00                                       | 0.00                                       |
| Median Intra-Service Time               | 7.00               | 7.00                                       | 7.00                                       |
| Median Immediate Post-service Time      | 0.00               | 0.00                                       | 0.00                                       |
| Median Critical Care Time               | 0.0                | 0.00                                       | 0.00                                       |
| Median Other Hospital Visit Time        | 0.0                | 0.00                                       | 0.00                                       |
| Median Discharge Day Management Time    | 0.0                | 0.00                                       | 0.00                                       |
| Median Office Visit Time                | 0.0                | 0.00                                       | 0.00                                       |
| Prolonged Services Time                 | 0.0                | 0.00                                       | 0.00                                       |
| Median Subsequent Observation Care Time | 0.0                | 0.00                                       | 0.00                                       |
| <b>Median Total Time</b>                | <b>7.00</b>        | <b>7.00</b>                                | <b>7.00</b>                                |
| Other time if appropriate               |                    |  |  |

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

| <b><u>Top Key Reference Code</u></b> | <b><u>Much Less</u></b> | <b><u>Somewhat Less</u></b> | <b><u>Identical</u></b> | <b><u>Somewhat More</u></b> | <b><u>Much More</u></b> |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <b>Overall intensity/complexity</b>  |                         |                             |                         |                             |                         |

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------|-------------------------|--------------------|
|                    |                         |                    |

**Technical Skill/Physical Effort**

|                          | <b><u>Less</u></b> | <b><u>Identical</u></b> | <b><u>More</u></b> |
|--------------------------|--------------------|-------------------------|--------------------|
| Technical skill required |                    |                         |                    |
| Physical effort required |                    |                         |                    |



**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**2nd Key Reference Code**

**Much Less                      Somewhat Less                      Identical                      Somewhat More                      Much More**

**Overall intensity/complexity**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Mental Effort and Judgment**

**Less                      Identical                      More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Technical Skill/Physical Effort**

**Less                      Identical                      More**

Technical skill required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical effort required

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Psychological Stress**

**Less                      Identical                      More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In response to the COVID-19 pandemic and public health need for rapid deployment of COVID-19 vaccines, RUC was asked to provide resource-based information for immunization administration (IA) for the administration codes specific to these vaccines. This occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based

recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. The value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic; however, the source for the CPT code 90470 wRVU remains in the RUC database for CPT code 90460. This expert panel therefore believes that the physician work for the COVID IA is the same as the RUC recommended work for CPT code 90460 (and CPT code 90470).

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

---

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A; this is a new service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty                                  How often?

Specialty                                  How often?

Specialty                                  How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty                                  Frequency 0                                  Percentage 0.00 %

Specialty                                  Frequency 0                                  Percentage 0.00 %

Specialty                                  Frequency 0                                  Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

|           |             |                   |
|-----------|-------------|-------------------|
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |
| Specialty | Frequency 0 | Percentage 0.00 % |

Do many physicians perform this service across the United States?

---

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

# SS Rec Summary

|    | A   | B          | C             | D   | E           | F            | G                         | H          | I           | J          | K           | L          | M            | N               | O            | P          | Q                 | R           | S          | T           | U          | V           |   |
|----|---|------------|---------------|---|-------------|--------------|---------------------------|------------|-------------|------------|-------------|------------|--------------|-----------------|--------------|------------|-------------------|-------------|------------|-------------|------------|-------------|---|
| 3  | <b>INSTRUCTIONS</b>   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 4  | Insert information and data into all applicable cells <b>except</b> IWPUT and TOTAL TIME. These cells will automatically calculate. |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 5  | Hide columns and rows that do not contain data.   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 6  | <b>1st REF</b> = Top Key Reference code data  |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 7  | <b>2st REF</b> = Second Highest Key Reference code data   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 8  | <b>CURRENT</b> = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.              |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 9  | <b>SVY</b> = Survey data - as it appears on the Summary of Recommendation form.   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 10 | <b>REC</b> = Specialty Society recommended data as it appears on the Summary of Recommendation form.                                |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 11 |   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 12 |   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 13 | <b>ISSUE: COVID Immunization Administration</b>   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 14 | <b>TAB:</b>   |            |               |   |             |              |                           |            |             |            |             |            |              |                 |              |            |                   |             |            |             |            |             |   |
| 15 |   |            |               |   |             |              |                           | <b>RVW</b> |             |            |             |            | <b>Total</b> | <b>PRE-TIME</b> |              |            | <b>INTRA-TIME</b> |             |            |             |            | <b>IMMD</b> |   |
| 16 | <b>Source</b>   | <b>CPT</b> | <b>Global</b> | <b>DESC</b>   | <b>Resp</b> | <b>IWPUT</b> | <b>Work Per Unit Time</b> | <b>MIN</b> | <b>25th</b> | <b>MED</b> | <b>75th</b> | <b>MAX</b> | <b>Time</b>  | <b>EVAL</b>     | <b>POSIT</b> | <b>SDW</b> | <b>MIN</b>        | <b>25th</b> | <b>MED</b> | <b>75th</b> | <b>MAX</b> | <b>POST</b> |   |
| 17 | <b>1st REF</b><br>RUC REC<br>2000   | 90460      | XXX           | Immunization administration through 18 years of age via any     |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |
| 18 | 2021 CMS  | 90460      | XXX           | Immunization administration through 18 years of age via any     |             | 0.024        | 0.024                     |            |             | 0.17       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |
| 19 |   | 96411      | ZZZ           | Chemotherapy administration; intravenous, push technique,       |             | 0.033        | 0.029                     |            |             | 0.20       |             |            | 7            | 3               |              |            |                   |             | 4          |             |            |             |   |
| 20 |   | 99188      | XXX           | Application of topical fluoride varnish by a physician or other |             | 0.022        | 0.022                     |            |             | 0.20       |             |            | 9            | 2               |              |            |                   |             | 5          |             |            |             | 2 |
| 21 |   | 96365      | XXX           | Intravenous infusion, for therapy, prophylaxis, or              |             | 0.024        | 0.023                     |            |             | 0.21       |             |            | 9            | 2               |              |            |                   |             | 5          |             |            |             | 2 |
| 22 | REC   | 0001A      | XXX           | Immunization administration by intramuscular injection of       |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |
| 23 | REC   | 0002A      | XXX           | Immunization administration by intramuscular injection of       |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |
| 24 | REC   | 0011A      | XXX           | Immunization administration by intramuscular injection of       |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |
| 25 | REC   | 0012A      | XXX           | Immunization administration by intramuscular injection of       |             | 0.029        | 0.029                     |            |             | 0.20       |             |            | 7            |                 |              |            |                   |             | 7          |             |            |             |   |



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)

PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

|                             |
|-----------------------------|
| Meeting Date: December 2020 |
|-----------------------------|

| CPT Code | Long Descriptor  | Global Period |
|----------|--|---------------|
| 0001A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose  | XXX           |
| 0002A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose | XXX           |
| 0011A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose                        | XXX           |
| 0012A    | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose                       | XXX           |

**Vignette(s)** (*vignette required even if PE only code(s)*):

| CPT Code | Vignette  |
|----------|---|
| 0001A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |
| 0002A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |
| 0011A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |
| 0012A    | A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease consistent with evidence supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose. |

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

RUC Advisors from AAFP, ACOG, ACP, and AAP acted as an expert panel and met by video conferencing, phone, and email to develop the recommended direct PE inputs.

- 2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes):

We are utilizing CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered) as our base reference code due to the inherent similarity between the service described by 90460 and the COVID Immunization Administration (IA) codes. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as required by public health emergency (PHE) regulations for administering the pandemic COVID-19 vaccine.

- 3. Is this code(s) typically reported with an E/M service? Is this code(s) typically reported with the E/M service in the nonfacility? (Please see provided data titled Medicare Same Day NF EM Billed Together - NF Dom Spec in the RUC Review Resource Materials)

No and no. The typical patient will not be seen for an E/M service as the COVID-19 vaccine is being administered in response to its pandemic status.

- 4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (Please see provided data titled Medicare Same Day NF EM Billed Together - NF Dom Spec in the RUC Review Resource Materials)

CPT code 90460: Family Medicine; 46%; no.

- 5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA033: The additional minutes (7 minutes for 0001A and 0011A; 5 minutes for 0002A and 0012A) reflect 1 minute for manually filling out the vaccine card required to be given to the patient plus another 6 minutes (for 0001A and 0011A) or 4 minutes (for 0002A and 0012A) of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs. The typical patient is an adult who will need new record creation in IIS for 0001A and 0011A, which typically takes 2 minutes to create and enter demographic information. New record creation will not be needed for the second dose given 21-28 days later (0002A and 0012A). Therefore, the 6 minutes for 0001A and 0011A reflects patient record creation and demographic entry (2 minutes) plus the actual vaccine information logging time and maintenance of vaccine refrigerator/freezer temperature logs (4 minutes). The 4 minutes for 0002A and 0012A reflects only

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

the actual vaccine information logging time and maintenance of vaccine refrigerator/freezer temperature logs (4 minutes).

CA034: The individual (RN/LPN/MTA) who performs the actual vaccine administration must be the person who documents the procedure in the patient’s medical record (ie, “the person who did it documents it, and the person who documented it did it”). The 3 minutes is the same for both dose one (0001A and 0011A) and dose two (0002A and 0012A).

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

As a result of the COVID-19 pandemic and vaccine emergency use authorization (EUA) status, administration of the COVID-19 vaccine has direct PE inputs over and above those required for “regular” immunization administration, which cannot be entirely accounted for due to an increase in physician time:

- Vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports) (1 minute to CA008)
- Identify and contact appropriate patients and schedule immunization (2 minutes for 0001A and 0011A only) (originally assigned to Row 26 NEW but subsequently moved to CA005)
- Due to risk of anaphylaxis with COVID-19 vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
- Providing patient with paper vaccine card (1 minute to CA033)
- Enter additional data into immunization information system (IIS) as required by state and federal regulations (6 minutes for 0001A and 0011A and 4 minutes for 0002A and 0012A to CA033)
- Use of an ultra cold freezer for storing vaccine (NEW, line 113) (93% of IS CST for 0001A-0002A (only))
- Use of a medical grade vaccine refrigerator (NEW, line 112) (100% of IS CST for 0011A-00012A; 7% of IS CST for 0001A-0002A)
- Each refrigerator requires a temperature monitor with alarm (ED043), which is accounted for in the total minutes for combined use of ultra cold freezer and medical grade vaccine refrigerator (eg, Row 108: 37 minutes =3 minutes +34 minutes for 0001A)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

Prepare patient chart with appropriate CDC VIS: Rolled into CA001  
Provide patient/parent with appropriate CDC VIS: Rolled into CA012  
Clinical staff (RN/LPN/MTA) enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.: Rolled into CA034  
Clinical staff (Medical/Technical Assistant) enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature logs.: Rolled into CA033



AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We allocated 0 minutes to obtain vital signs and, therefore, are requesting no CST.

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

Complete pre-service diagnostic and referral forms (ie, prepare patient chart with appropriate CDC VIS); Complete pre-procedure phone calls and prescription (ie, identify and contact appropriate patients and schedule immunization (0001A and 0011A only)); Perform regulatory mandated quality assurance activity (ie, vaccine inventory specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports).

b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records; Provide education and obtain consent; Review requisition, assess for special needs (ie, provide patient/parent with appropriate CDC VIS); Prepare room, equipment, and supplies; Monitor patient following procedure; Clean room/equipment; Enter vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law; Enter additional data as required by state and federal regulations into the state online immunization information system (IIS) (registry); Maintain the vaccine refrigerator/freezer temperature log; Provide required paper card and information sheet to patient.

c. Post-service period:

Conduct patient communication.

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time*:

RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

While *identify and contact appropriate patients and schedule immunization* was originally assigned to Row 26 NEW, it was subsequently moved to CA005. This is required by the CDC and local public health as the COVID-19 vaccine will be delivered in tiers (2 minutes for 0001A and 0011A only).

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0001A-0002A  
& 0011A-0012A**

**SPECIALTY SOCIETY(IES): AAFP,  
ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD;  
Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <http://www.bls.gov>.

N/A

**INVOICES**

14.  Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
15.  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the [RUC Collaboration Website](#) for information on the contents of kits, packs and trays.

N/A

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger snl glass door (\$7,674.43) and freezer, under counter, ultra cold 3.7 cu ft (\$16,516.36). Please note that the latter is only applied to CPT codes 0001A-0002A.

19. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet workbook*):

10 years

20. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

N/A

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0001A-0002A**

**& 0011A-0012A**

**SPECIALTY SOCIETY(IES): AAFP,**

**ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD;  
Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

21. List all the equipment included in your recommendation and the equipment formula chosen (please see document titled *Calculating equipment time*). If you have selected “other formula” for any of the equipment please explain here:

Formula: Default  
Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (SD043)  
Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) (\$7,674.43)  
Freezer, under counter, ultra cold 3.7 cu ft (NEW) (\$16,516.36) (0001A and 0002A only)

22. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

**PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION**

23. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING**

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at [samantha.ashley@ama-assn.org](mailto:samantha.ashley@ama-assn.org) immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

Removed 3 minutes for CA005 *Complete pre-procedure phone calls and prescription*  
Removed 2 minutes for NEW *Identify and contact appropriate patients and schedule immunization* for codes 0002A and 0012A only  
Moved *Identify and contact appropriate patients and schedule immunization* (2 minutes for 0001A and 0011A only) originally assigned to Row 26 NEW to CA005  
Removed 1 minute for CA010 *Obtain vital signs*  
Added 4 minutes for CA022 *Post-procedure monitoring multitasking 1:4*  
Reduced from 5 minutes to 3 minutes CA024 *Clean room/equipment by clinical staff*  
Added 7 minutes (0001A and 0011A) and 5 minutes (0002A and 0012A) for CA033 *Perform regulatory mandated quality assurance activity*  
Changed staff type from L037D to L026D for CA033 *Perform regulatory mandated quality assurance activity*  
Added 3 minutes for CA034 *Document procedure (nonPACS) (eg, mandated reporting, registry logs, EEG file, etc.)*

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Removed 3 minutes for OLD *Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.*

Removed 4 minutes for OLD *Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.*

CA037 *Conduct patient communications:* Removed 1 minute from all Facility settings; Added 2 minutes to all Non-Facility settings

Removed 3 SB033 *Mask, surgical*

Removed 1 SC058 *Syringe w-needle, OSHA compliant (SafetyGlide)*

Removed 1 SJ053 *Swab-pad, alcohol*

Increased SB022 *Gloves, non-sterile* from 0.5 to 1

Removed SK012 *CDC Information Sheet*

Added 1 SK057 *Paper, laser printing (each sheet)*

Removed 1 NEW *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*

Revised time for ED043 *Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates* for total CST (ie, 37 for 0001A and 0011A and 33 for 0002A and 0012A)

Added NEW *Refrigerator, vaccine medical grade, w-data logger snl glass door:* Assigned IS CST for 0011A (37) and 0012A (33); Assigned 7% of IS CST for 0001A (3) and 0002A (2)

Added NEW *Freezer, under counter, ultra cold 3.7 cu ft:* Assigned 93% of IS CST for 0001A (34) and 0002A (31) only

***Please see below for 0001A-0002A refrigerator/freezer allocation calculation.***

**0001A-0002A Refrigerator/Freezer Allocation Calculation**

Source: [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf) (page 55)

If we are keeping vaccine in the ultra cold freezer, we can assume an average carrying time of 2 weeks (between receipt date and administration date). This is based around CDC expectation that only large sites that can give the vaccine quickly will get the vaccine (ie, 2x faster than normal carrying time of "standard vaccine," which is 3.5-4 weeks).

You may only use thawed vaccine (ie, not frozen but not yet diluted and kept in fridge) for 5 days. You may only use reconstituted vaccine (thawed and diluted and kept in fridge) for 6 hours.

Typically, only the last carrying day will be spent in the fridge (ie, you don't want to thaw it until you're pretty sure you can use it). So, even though it's acceptable to leave it in the fridge for up to 5 days, most won't try to do this because of the risk of ending up on day 6 with vaccine you don't need.

Therefore, for a total of 14 days carrying time:

13 days in ultra code freezer

1 day in refrigerator

**Ultra cold freezer = 13/14 = 93% of total CST for 0001A and 0002A**

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0001A-0002A**

**& 0011A-0012A**

**SPECIALTY SOCIETY(IES): AAFP,**

**ACOG, ACP, AAP**

**PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD;  
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)**

**PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

**Refrigerator = 1/14 = 7% of total CST for 0001A and 0002A**

Account

Ship To

Created By

| PO | Date       | Total       |
|----|------------|-------------|
|    | 12/07/2020 | \$24,190.79 |

| Item #   | Description  | Mfr                 | Mfr #                    | Stock     | UOM | Price       | Qty | Total       |
|--|--|---------------------|--------------------------|-----------|-----|-------------|-----|-------------|
| 1007229  | REFRIGERATOR, VACCINE W/DATA<br>LOGGER SNGL GLASS DOOR | TEMPURE<br>SCIENTIF | V-22-HG-TP-KIT<br>W/FT2L | Non-Stock | EA  | \$7,674.43  | 1   | \$7,674.43  |
| Non-stock item, special order from supplier. Approximate delivery is 2-4 weeks |  |                     |                          |           |     |             |     |             |
| 1148224  | FREEZER, UNDER COUNTER ULTRA<br>COLD 3.7CU FT          | VWR<br>INTERNATIONA | 75845-818                | Non-Stock | EA  | \$16,516.36 | 1   | \$16,516.36 |
| Non-stock item, special order from supplier. Approximate delivery is 2-4 weeks |  |                     |                          |           |     |             |     |             |