AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
RUC RECOMMENDATIONS
COVID Immunization Administration

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CT 2021 COVID Immunization Administration RUC Recommendations

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
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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.**

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

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
Evaluation and Management **Preventive Medicine Services** *The following codes are used to report . . .* . . . 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, 0001A, 0002A, 0011A, 0012A. For vaccine/toxoid products, see 90476-90749, 91300, 91301. **Medicine** 91300 Codes are out of numerical sequence. See 90472-90581 91301 Codes are out of numerical sequence. See 90472-90581 **Immunization Administration for Vaccines/Toxoids** Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0011A, 0012A) in addition to the vaccine and toxoid code(s) (90476-90749, 91300, 91301). 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 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.) 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				

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 (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 (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)	•Vaccine hesitancy (rising rates in general population coupled with trend toward lack of trust in CDC/public health) •Enhanced consent required to administer new vaccine in unlicensed patient population (eg, pediatric patients)	•Ongoing or new vaccine hesitancy •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	Yes
Administrative Staff Time (Indirect PE)	•Schedule follow-up appointment for next dose compliant with the vaccine's minimum interval requirement	•Patient reminder/recall to comply with 21/28-day minimum interval requirement •Schedule follow-up appointment for next dose compliant with the vaccine's minimum interval requirement	Yes

Clinical Staff Time Clinical Staff Time (continued)	•Identify and contact appropriate patients and schedule immunization •Prepare patient chart with appropriate CDC vaccine information sheet (VIS) •Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports) •Greet patient, provide gowning, ensure appropriate medical records •Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent •Provide patient/parent with appropriate CDC VIS •Obtain vital signs •Prepare room/equipment/supplies •Administer vaccine •Clean room/equipment •Check on patient before discharge and answer final questions •Provide required paper form to patient •Enter vaccine information into the patient medical record •Conduct expanded immunization information system (IIS) reporting •Maintain vaccine refrigerator/freezer temperature log	•Identify and contact appropriate patients and schedule immunization •Prepare patient chart with appropriate CDC VIS •Inventory vaccines specific to limited distribution of COVID vaccine (ie, account for every dose given, wastage and spoilage reports) •Greet patient, provide gowning, ensure appropriate medical records •Provide pre-service education (eg, what to expect, what to do afterwards, signs/symptoms that merit a call to the office) and obtain consent •Confirm appropriate interval from prior dose •Provide patient/parent with appropriate CDC VIS •Obtain vital signs •Prepare room/equipment/supplies •Administer vaccine •Clean room/equipment •Check on patient before discharge and answer final questions •Provide required paper form to patient •Enter vaccine information into the patient medical record •Conduct expanded IIS reporting •Maintain vaccine refrigerator/freezer temperature log	Yes Expanded IIS reporting: Please see example of Texas' expanded IIS reporting
Medical Supplies	•Gloves •OSHA compliant syringe w-needle	•Gloves •OSHA compliant syringe w-needle	Yes

	•Alcohol swab •Bandage •CDC VIS •PPE (CPT code 99072)	•Alcohol swab •Bandage •CDC VIS •PPE (CPT code 99072)	
Medical Equipment	•Refrigerator, vaccine medical grade, w-data logger •Refrigerator, vaccine, temperature monitor w/alarm •Freezer, under counter, ultra cold 3.7 cu ft (0001A only)	•Refrigerator, vaccine medical grade, w-data logger •Refrigerator, vaccine, temperature monitor w/alarm •Freezer, under counter, ultra cold 3.7 cu ft (0002A only)	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

CPT Code:0001A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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%

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

RUC Meeting Date (mm/yyyy)	12/2020
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD
Specialty Society(ies):	AAFP, ACOG, ACP, AAP
CPT Code:	0001A
Sample Size:	**Resp N:** 0
Description of Sample:	Panel

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0001A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0001A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**7.00**
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.

Top 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			

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 IWPUT 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?

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0002A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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)

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%

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

RUC Meeting Date (mm/yyyy)	12/2020
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD
Specialty Society(ies):	AAFP, ACOG, ACP, AAP
CPT Code:	0002A
Sample Size:	**Resp N:** 0
Description of Sample:	Panel

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0002A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0002A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** _____
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
Median Total Time	**7.00**	**7.00**	**7.00**
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.

Top 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			

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 IWPUT 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?

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0011A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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

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%

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

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

CPT Code:	0011A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0011A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**7.00**
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.

Top 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			

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 IWPUT 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?

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0012A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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

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%

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

RUC Meeting Date (mm/yyyy)	12/2020
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD
Specialty Society(ies):	AAFP, ACOG, ACP, AAP
CPT Code:	0012A
Sample Size:	**Resp N:** 0
Description of Sample:	Panel

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0012A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0012A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**7.00**
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.

Top 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			

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 IWPUT 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?

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

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: COVID Immunization Administration

TAB:

								RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	Global	DESC	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any		0.029	0.029			0.20			7						7			
2021 CMS	90460	XXX	Immunization administration through 18 years of age via any		0.024	0.024			0.17			7						7			
	96411	ZZZ	Chemotherapy administration; intravenous, push technique,		0.033	0.029			0.20			7	3					4			
	99188	XXX	Application of topical fluoride varnish by a physician or other		0.022	0.022			0.20			9	2					5			2
	96365	XXX	Intravenous infusion, for therapy, prophylaxis, or		0.024	0.023			0.21			9	2					5			2
REC	0001A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0002A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0011A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0012A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			

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)

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

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 then 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).

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 sngl 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 Latitute 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

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 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 sngl 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 (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

Refrigerator = 1/14 = 7% of total CST for 0001A and 0002A

	A	B	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		Immun administ intram injection acute re
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
12		~~TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE~~				$ 6.66	$ 0.37	$ 4.07	$ -	$ 12.92	$ -	$ 11.66
13		PRE-SERVICE PERIOD										
14		Start: Following visit when decision for surgery/procedure made										
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					1		1
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37							
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37							
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37							
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3		2		0
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37							
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37							
22	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					1		1
26	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
27		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37							
28		End: When patient enters office/facility for surgery/procedure										
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37					3		3
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0		0
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3		3
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1		1
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2		2
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37							
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37							
39	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37							
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37							
45		Intra-service (of service period)										
46	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
47	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
48	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
49	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37	4				4		4
54	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
56		Post-Service (of service period)										
57	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37					4		4
58	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37							
59	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5		3		3
60	CA025	Clean scope	L037D	RN/LPN/MTA	0.37							
61	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37							
62	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37							
63	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37							
64	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37							
65	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37							
66	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37							
67	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37							
68	CA033	Perform regulatory mandated quality assurance activity	L026A	Medical/Tech	0.26					7		5
69	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					3		3
70	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37							
71	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a
74	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.	L037D	RN/LPN/MTA	0.37	3						
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4						
76		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37							
77		POST-SERVICE PERIOD										
78		Start: Patient leaves office/facility										
79	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0	3
80	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37							
81		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes	16									
83		99212 27 minutes	27									
84		99213 36 minutes	36									
85		99214 53 minutes	53									
86		99215 63 minutes	63									
87	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88			L037D	RN/LPN/MTA	0.37							
91		*Other activity: please include short clinical description*	L037D	RN/LPN/MTA	0.37							
94		End: with last office visit before end of global period										

	A	B	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		administ intram injection acute re
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/cleansers*	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 sngl 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

	A	B	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 12.92	$ -	$ 11.66	$ -
13		PRE-SERVICE PERIOD					
14		Start: Following visit when decision for surgery/procedure					
15	CA001	Complete pre-service diagnostic and referral forms		1		1	
16	CA002	Coordinate pre-surgery services (including test results)					
17	CA003	Schedule space and equipment in facility					
18	CA004	Provide pre-service education/obtain consent					
19	CA005	Complete pre-procedure phone calls and prescription		2		0	
20	CA006	Confirm availability of prior images/studies					
21	CA007	Review patient clinical extant information and					
22	CA008	Perform regulatory mandated quality assurance activity		1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS					
27		*Other activity: please include short clinical description here and type new in column A*					
28		End: When patient enters office/facility for surgery/procedu					
29		SERVICE PERIOD					
30		Start: When patient enters office/facility for surgery/proced					
31		Pre-Service (of service period)					
32	CA009	Greet patient, provide gowning, ensure appropriate		3		3	
33	CA010	Obtain vital signs		0		0	
34	CA011	Provide education/obtain consent		3		3	
35	CA012	Review requisition, assess for special needs		1		1	
36	CA013	Prepare room, equipment and supplies		2		2	
37	CA014	Confirm order, protocol exam					
38	CA015	Setup scope (nonfacility setting only)					
39	CA016	Prepare, set-up and start IV, initial positioning and					
40	CA017	Sedate/apply anesthesia					
45		Intra-service (of service period)					
46	CA018	Assist physician or other qualified healthcare					
47	CA019	Assist physician or other qualified healthcare					
48	CA020	Assist physician or other qualified healthcare					
49	CA021	Perform procedure/service---NOT directly related to		4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS					
56		Post-Service (of service period)					
57	CA022	Monitor patient following procedure/service, multitasking		4		4	
58	CA023	Monitor patient following procedure/service, no					
59	CA024	Clean room/equipment by clinical staff		3		3	
60	CA025	Clean scope					
61	CA026	Clean surgical instrument package					
62	CA027	Complete post-procedure diagnostic forms, lab and x-					
63	CA028	Review/read post-procedure x-ray, lab and pathology					
64	CA029	Check dressings, catheters, wounds					
65	CA030	Technologist QC's images in PACS, checking for all					
66	CA031	Review examination with interpreting MD/DO					
67	CA032	Scan exam documents into PACS. Complete exam in					
68	CA033	Perform regulatory mandated quality assurance activity		7		5	
69	CA034	Document procedure (nonPACS) (e.g. mandated		3		3	
70	CA035	Review home care instructions, coordinate					
71	CA036	Discharge day management		n/a		n/a	
74	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.					
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.					
76		End: Patient leaves office/facility					
77		POST-SERVICE PERIOD					
78		Start: Patient leaves office/facility					
79	CA037	Conduct patient communications	0	3	0	3	0
80	CA038	Coordinate post-procedure services					
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes					
83		99212 27 minutes					
84		99213 36 minutes					
85		99214 53 minutes					
86		99215 63 minutes					
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0
88							
91		*Other activity: please include short clinical description*					
94		End: with last office visit before end of global period					

	A	B	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES					
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical		0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0		0	
99	SJ053	swab-pad, alcohol		0		0	
100	SB022	gloves, non-sterile		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1	
102	SK057	paper, laser printing (each sheet)		3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*		0		0	
105	Equipment Code	EQUIPMENT					
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 0.85	$ -	$ 0.76	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		37		33	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock					
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door		37		33	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft					

AMA/Specialty Society RVS Update Committee
Summary of Recommendations
October 2009

H1N1 Immunization Administration

At the request of the Department of Health and Human Services, the CPT Editorial Panel created a new code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed* to assist the public health effort to immediately vaccinate for H1N1. The Centers for Medicare and Medicaid Services (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 American Academy of Family Physicians, American Academy Pediatrics, American College of Obstetricians and Gynecologists, and American College of Physicians provided information for the RUC to review on October 3.

The RUC reviewed newly described immunization services for children at the October meeting and was persuaded that physician efforts related to counseling for immunization has increased. The RUC agreed that increased attention to vaccine safety on the Internet and other media has driven anxiety and have necessitated additional physician involvement and discussion with parents. The RUC recommends that the same level of physician work, for many adults and children, will also be necessary as the H1N1 vaccine becomes available. The RUC agreed that immunization administration for H1N1 should be valued higher than the routine immunization administration code 90471 (0.17) as high risk individuals must first be identified and patients are more likely to have questions about this vaccine and the H1N1 epidemic. **The RUC recommends a physician work value of 0.20 and intra-service time of 7 minutes for 90470 *H1N1 immunization administration.***

Practice Expense: The RUC recommends that the practice expense inputs for H1N1 be equivalent to the pediatric immunization codes reviewed at the October 2009 meeting and 90471 with two primary exceptions. First, an additional two minutes of staff time should be added to capture the additional work of identifying and contacting patients as the vaccine is provided by the State. In addition, these patients may come to this service only, and therefore, the standard greet patient time of 3 minutes should also be added. The total clinical staff time should be 23 minutes.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU
●90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	XXX	0.20

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90470 Tracking Number Specialty Society Recommended RVU: **0.20**
Global Period: XXX RUC Recommended RVU: **0.20**

CPT Descriptor: H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient, who has been identified by the CDC guidelines as being appropriate for H1N1, is notified that their condition requires prophylactic vaccination for H1N1, and presents at the physician office.

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

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No Percent of survey respondents who stated it is typical in the Hospital/ASC setting?

Is moderate sedation inherent to this procedure in the office setting? No Percent of survey respondents who stated it is typical in the office setting?

Is moderate sedation inherent in your reference code (Office setting)? No

Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work:

Description of Intra-Service Work: A patient, who has been identified by the CDC guidelines as being appropriate for H1N1, is notified that their condition requires prophylactic vaccination for H1N1, and presents at the physician office. In accordance with national recommendations for immunizations, the physician determines that the patient should receive a novel H1N1 influenza vaccination. The patient/parent/guardian is asked about any previous immunization reactions and is given the CDC vaccine information sheet (VIS) on novel H1N1 influenza. The physician reviews the benefits and risks of providing the novel H1N1 influenza vaccination with the patient/parent/guardian. After consent, the physician directs the nurse to give the patient the novel H1N1 influenza immunization as an injection or intranasally. The immunization tracking number is entered into a computerized statewide registry and other federal tracking and other requirements are followed by the physician office.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2009				
Presenter(s):	George Hill MD; Margie Andrae MD; Steve Krug MD; Tom Weida MD				
Specialty(s):	American College of Physicians; American Academy of Pediatrics; American Academy of Family Physicians; American College of Obstetrics and Gynecology				
CPT Code:	90470				
Sample Size:	0	**Resp N:** 0	**Response:** 0.0 %		
Sample Type:	Panel				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (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: 5 - NF Procedure without sedation/anesthesia care

CPT Code:	90470	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**7.00**	**-7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
9046X1	XXX	0.20	**RUC Time**

CPT Descriptor [The 9046X1 value has not yet been voted on by RUC.]
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
94010	XXX	0.17	**RUC Time**	1,242,167

CPT Descriptor 1 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36405	XXX	0.31	**RUC Time**	14

CPT Descriptor 2 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the 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 Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 90470**	**Key Reference CPT Code:** 9046X1	**Source of Time**
Median Pre-Service Time	0.00	0.00	**RUC Time**
Median Intra-Service Time	7.00	7.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**7.00**	**7.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

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 (Mean)

Technical skill required		
Physical effort required		

Psychological Stress (Mean)

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		

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity		
Post-Service intensity/complexity		

Additional Rationale

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

Please see the attachments.

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) not applicable -- 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? CDC estimates that 40 million doses may be given during the 2009-2010 flu season.
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	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
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	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States?

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 90471

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

Rationale:

This recommendation is the result of an urgent request for an expedited RUC review.

At the request of the United States Department of Health and Human Services (see attached), the CPT Editorial Panel reviewed an urgent request to create specific CPT codes for the H1N1 immunization administration and vaccine. The Panel approved this request today. CMS has requested that the RUC conduct an expedited review of this service and submit recommendations to the agency immediately following the RUC meeting next week. CMS will consider the RUC's recommendation and publish the final valuation in the Final Rule for the 2010 Medicare Physician Payment Schedule, expected to be published in the Federal Register in early November.

On September 24, 2009, prior to any written documentation, Sherry Smith of AMA staff personally contacted each of the affected specialty societies (ACP, AAFP, AAP, and ACOG) by telephone, requesting quick action on a Level of Interest form. She explained that the CPT Editorial Panel had just approved new codes for reporting services related to novel H1N1 in the upcoming influenza season.

CMS has already released G codes and payment policy for H1N1 immunization administration and it is not yet determined whether the RUC's recommendations related to the new CPT code will impact this existing policy. (For your reference, please see the attached letters between Dr. Maves and Secretary Sebelius with several AMA recommendations regarding payment policy for the H1N1 vaccine administration.)

RUC staff notified ACP, AAFP, AAP, and ACoG via e-mail to request our individual levels of interest in developing work relative value recommendations and direct practice expense inputs for new CPT code 90470 to be provided to the AMA RUC staff by Thursday, October 1. The RUC was scheduled to review the recommendations the following week.

Staff at each society immediately marshaled their RUC Advisors into the activity of deciding how to handle this expedited RUC review. Because there was insufficient time to conduct a formal RUC survey, the societies decided – independently – that it would be most efficient if each society's RUC Advisors and other physician advisory panel members would review and discuss the code proposal and related documents, arrive at a recommended value, and then coordinate among all the affected societies to determine a joint recommendation.

We jointly recommend a crosswalk from the 9046X1 (*Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component* recommended relative physician work RVU (0.20). This is an appropriate code to reference, due to 9046X1's and 90470's similarity in physician work. 9046X1 was surveyed by the American Academy of Pediatrics for presentation at the October 2009 RUC meeting; we believe that its survey results are reflective of what would have been obtained for 90470, if a survey for the H1N1 administration code had been possible.

Overall and Medicare utilization of CPT code 90470 is unknown at this time, but we expect that the code usage will be in the millions, as the US Department of Health and Human Services and the Centers for Disease Control estimates that 40 million doses will be needed for the 2009-2010 influenza season.

	A	B	C	D	E	F	G
1	**H1N1 Immunization Administration**			**90470**			
2	**October 2009 RUC Recommendations**	**CMS**	**Staff**	**H1N1 immunization administration (intramuscular, intranasal), including counseling when performed**			
3	**LOCATION**	**Code**	**Type**	**Non Facility**	**Facility**		
4	**GLOBAL PERIOD**						
5	**TOTAL CLINICAL LABOR TIME**			**23.0**	**1.0**		
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**		
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**19.0**	**0.0**		
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**1.0**	**1.0**		
9	**PRE-SERVICE**						
10	**Start: Following visit when decision for surgery or procedure made**						
11	Complete pre-service diagnostic & referral forms						
12	Coordinate pre-surgery services						
13	Schedule space and equipment in facility						
14	Provide pre-service education/obtain consent						
15	Follow-up phone calls & prescriptions						
16	**Other Clinical Activity (please specify): Identify and contact appropriate patients and schedule immunization**	**L037D**	**RN/LPN /MTA**	**2**	**0**		
17	**Other Clinical Activity (please specify): Clinical staff prepares patient chart with appropriate CDC vaccine information statement (VIS)**	**L037D**	**RN/LPN /MTA**	**1**	**0**		
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure**						
21	**Greet patient and provide gowning**			**3**	**0**		
22	Obtain vital signs						
23	**Clinical staff provides patient/parent with appropriate VIS**	**L037D**	**RN/LPN /MTA**	**1**	**0**		
24	**Clinical staff follows up on physician's vaccine counseling session with patient/parent and obtains actual consent**	**L037D**	**RN/LPN /MTA**	**3**	**0**		
25	Prepare room, equipment, supplies						
26	Setup scope (non facility setting only)						
27	Prepare and position patient/ monitor patient/ set up IV						
28	Sedate/apply anesthesia						
29	**Intra-service**						
30	**Clinical staff prepares the vaccine, instructs the patient/parent on proper positioning of the patient, selects and prepares the injection site, and administers the vaccine**	**L037D**	**RN/LPN /MTA**	**4**	**0**		
31	**Post-Service**						
32	Clinical staff comforts the patient and directs the patient/parent to remain in the office after the service for about 20 minutes to watch for immediate reactions	L037D	RN/LPN /MTA	0	0		
33	**Clinical staff cleans room/equipment**	**L037D**	**RN/LPN /MTA**	**1**	**0**		
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Discharge day management						
40	**Other Clinical Activity (please specify): 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.**	**L037D**	**RN/LPN /MTA**	**3**	**0**		
41	**Clinical staff enters data into the state online immunization information system (registry) and maintains the vaccine refrigerator/freezer temperature log**	**L037D**	**RN/LPN /MTA**	**4**	**0**		

	A	B	C	D	E	F	G
1	**H1N1 Immunization Administration**			**90470**			
2	**October 2009 RUC Recommendations**	**CMS**	**Staff**	**H1N1 immunization administration (intramuscular, intranasal), including counseling when performed**			
3	**LOCATION**	**Code**	**Type**	**Non Facility**	**Facility**		
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	**There is a phone call to answer questions/concerns that arise concerning vaccine component reactions that may appear within a few days of the administration (assumes physician office will receive a phone call from approximately 1 out of every 3 patients/parents)**	**L037D**	**RN/LPN /MTA**	**1**	**1**		
46	*Office visits:*						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54	*Total Office Visit Time*			**0**	**0**		
55	Other Activity (please specify)						
56	**End: with last office visit before end of global period**						
57	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
58	**Gloves, non-sterile**	**SB022**	**1 pair**	**1**	**0**		
59	**Paper, exam table**	**SB036**	**1 foot**	**7**	**0**		
60	**Syringe w/needle, OSHA compliant (SafetyGlide)**	**SC058**	**1 item**	**1**	**0**		
61	**Swab-pad, alcohol**	**SJ053**	**1 item**	**2**	**0**	**Limited information suggests that the vaccine may be come with syringe and alcohol swab pad. CMS should confirm and delete supply if it will be provided to all physicians for free.**	
62	**Bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	**1 item**	**1**	**0**		
63	**CDC information sheet**	**SK012**	**1 item**	**1**	**0**		
64	**Equipment**	**CMS Code**					
65	**Table, exam**	**EF023**	**CMS to compute**				
66	**Refrigerator, vaccine, commercial grade, w/alarm lock**	**Row 63 of CMS spread-sheet**	**CMS to compute**				
67	**Refrigerator, vaccine, temperature monitor w-alarm, security mounting w/sensors, NIST certificates**	**Row 41 of CMS spread-sheet**	**CMS to compute**				

New Vignette for 90470

A 35-year-old female with a history of asthma is notified that her condition requires prophylactic vaccination for H1N1, and presents at the local clinic.

American Medical Association
CPT Editorial Panel
Millennium Biltmore Hotel
Los Angeles, CA
October 14-16, 2010

New Business: H1N1 Influenza Vaccine Reporting_3596PA
(Deletion of 90663 and 90670)

Date of Request: September 22, 2010

Requestor: Vaccine Coding Caucus

Literature Supplement: no

Background:

Several inquiries on appropriate coding for this seasons' influenza vaccine products which include the H1N1 virus have been forwarded to AMA staff (see attached). The H1N1 product developed for the 2009 Swine Flu Pandemic is no longer manufactured and the shelf life of this product has expired. New seasonal influenza vaccine products now incorporate H1N1 related virus, and thus codes 90663 and 90670 which will appear in the CPT 2011 codebook (see below) will not be reported. The VCC at their September conference call will consider a recommendation for deletion of codes 90663 and 90670 for the CPT 2012 codebook. Also, in order to assist various organizations (eg, AAP, payers) in responding to questions concerning the improper use of codes 90663 and 90670 for the upcoming flu season, it was recommended that the AMA include an informational update on its website to instruct proper coding.

Medicine
Immunization Administration for Vaccines/Toxoids

~~λ~~90470 H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

Medicine
Vaccines, Toxoids

σ90663 Influenza virus vaccine, pandemic formulation, H1N1

Issue #1:

Should an update on H1N1 influenza vaccine coding be posted to AMA website?

Proposed website statement recommended by AMA staff (currently under review by VCC, recommendations forthcoming) :

The H1N1 vaccine product developed for the 2009 Swine Flu Pandemic reported with CPT code 90663, and with the administration code 90670 will not be offered this upcoming flu season, and the shelf life of any left over H1N1 products developed for the 2009 H1N1 pandemic have expired and should not be administered. Thus, the H1N1 codes 90663 and 90670 posted to the AMA website in July of 2009 and remaining in the CPT 2011 codebook should no longer be reported.

The seasonal vaccine developed for the upcoming flu season will incorporate the H1N1 virus, as well as related viruses. The reformulated seasonal flu vaccine which incorporates H1N1 and related viruses should NOT be coded with 90663. The correct codes for the reformulated seasonal flu vacines which incorporates the H1N1 virus and related viruses should be reported with the seasonal influenza vaccine codes (90655 et al) and vaccine administration codes (90460, 90461, 90471-90474) and not 90663 and 90470.

A new series of pandemic codes have been established to be available in the event of another pandemic flu outbreak occurs. The new codes 90664, 90666, 90667 and 90668 allow more detailed information to be captured to differentiate the products indication for the intended route of delivery. This new series of pandemic coded should not be used for the seasonal flu vaccines that are being developed for the upcoming 2010-2011 flu season. Codes 90664-90668 are reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons, including those producteds which incorporate the former H1N1 virus and others (eg, A/Perth/16/2009 (H3N2)-like virus and a B/Brisbane/60/2008-like virus).

Codes 90664, 90666, 90667 and 90668 were released electronically on the “Category I Vaccine Codes” AMA website on January 1, 2010 and became effective on July 1, 2010. These new codes appear in the CPT 2011 codebook with the US Food and Drug Administration (FDA) approval pending symbol (✓). If and when another influenza pandemic occurs, and another vaccine product is formulated and approved for distribution, the AMA website (www.ama-assn.org/ama/pub/category/10902.htlm) will provide notifications and instructions for pandemic vaccine code reporting.

Issue #2:

Should codes 90663 and 90470 be deleted?

Medicine
Immunization Administration for Vaccines/Toxoids

~~λ90470 H1N1 immunization administration (intramuscular, intranasal), including counseling when performed~~

Medicine
Vaccines, Toxoids

~~σ90663 Influenza virus vaccine, pandemic formulation, H1N1~~

Rationale:

Refer to coding change request form

Clinical Vignette (n/a)

Typical Patient

Description of Procedure

Advisors' Comments

Specialty Society	Do not wish to express an opinion/ comment on this issue	Do not support the code change request	Support the code change & terminology as submitted by requestor	Support the code change & terminology submitted by requestor, but would support an alternative option	Specialty's overall opinion/comm
Vaccine Coding Caucus			X		The VCC supports deletion of c the proposed website language.

Ballot for Issue #1:

(Recommended by AMA staff and supported by VCC)

Proposed website statement:

The H1N1 vaccine product developed for the 2009 Swine Flu Pandemic reported with CPT code 90663, and with the administration code 90670 will not be offered this upcoming flu season, and the shelf life of any left over H1N1 products developed for the 2009 H1N1 pandemic have expired and should not be administered. Thus, the H1N1 codes 90663 and 90670 posted to the AMA website in July of 2009 and remaining in the CPT 2011 codebook should no longer be reported.

The seasonal vaccine developed for the upcoming flu season will incorporate the H1N1 virus, as well as related viruses. The reformulated seasonal flu vaccine which incorporates H1N1 and related viruses should NOT be coded with 90663. The correct codes for the reformulated seasonal flu vacines which incorporates the H1N1 virus and related viruses should be reported with the seasonal influenza vaccine codes (90655 et al) and vaccine administration codes (90460, 90461, 90471-90474) and not 90663 and 90470.

A new series of pandemic codes have been established to be available in the event of another pandemic flu outbreak occurs. The new codes 90664, 90666, 90667 and 90668 allow more detailed information to be captured to differentiate the products indication for the intended route of delivery. This new series of pandemic coded should not be used for the seasonal flu vaccines that are being developed for the upcoming 2010-2011 flu season. Codes 90664-90668 are reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons, including those producteds which incorporate the former H1N1 virus and others (eg, A/Perth/16/2009 (H3N2)-like virus and a B/Brisbane/60/2008-like virus).

Codes 90664, 90666, 90667 and 90668 were released electronically on the "Category I Vaccine Codes" AMA website on January 1, 2010 and became effective on July 1, 2010. These new codes appear in the CPT 2011 codebook with the US Food and Drug Administration (FDA) approval pending symbol (✓). If and when another influenza pandemic occurs, and another vaccine product is formulated and approved for distribution, the AMA website (www.ama-assn.org/ama/pub/category/10902.htlm) will provide notifications and instructions for pandemic vaccine code reporting.

Ballot for Issue #2:
(Submitted by VCC – final recommendation forthcoming)

Medicine
Immunization Administration for Vaccines/Toxoids

~~λ90470 H1N1 immunization administration (intramuscular, intranasal), including counseling when performed~~

Medicine
Vaccines, Toxoids

~~ơ90663 Influenza virus vaccine, pandemic formulation, H1N1~~

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

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

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.

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/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 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
Medicine Vaccines				
		*(91300-*91303 *Codes are out of numerical sequence. See 90472-90581*)		
Immunization Administration for Vaccines/Toxoids				

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 be 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*

●*0002A*		*second dose* *(Report 001A, 0002A for the administration of vaccine 91300)*		
●*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*		
●*0012A*		*second dose* *(Report 0011A, 0012A for the administration of vaccine 91301)*		
●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, $5x10^{10}$ viral particles/0.5mL dosage; first dose	XXX	0.20
●0022A	AA2	second dose (Report 0021A, 0022A for the administration of vaccine 91302)	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, $5x10^{10}$ viral particles/0.5mL dosage, single dose (Report 0031A for the administration of vaccine 91303)	XXX	0.20

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0021A Tracking Number AA1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 5x1010 viral particles/0.5mL dosage; first dose

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%

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

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

CPT Code:	0021A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0021A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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?

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0022A Tracking Number AA2 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 5x1010 viral particles/0.5mL dosage; second dose

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%

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

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

CPT Code:	0022A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0022A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0022A, we recommend a crosswalk to December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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), 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?

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0031A Tracking Number AA1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU:
Global Period: XXX Current Work 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, 5x1010 viral particles/0.5mL dosage, single dose

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%

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

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

CPT Code:	0031A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0031A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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, $5x10^{10}$ 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 <u>in your specialty</u> 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

ISSUE: AstraZeneca COVID Immunization Administration

TAB: 34

Source	CPT	Global	DESC	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any route of administration, with		0.029	0.029			0.20			7						7			
2021 CMS	90460	XXX	Immunization administration through 18 years of age via any		0.024	0.024			0.17			7						7			
	96411	ZZZ	Chemotherapy administration; intravenous, push technique,		0.033	0.029			0.20			7	3					4			
	99188	XXX	Application of topical fluoride varnish by a physician or other		0.022	0.022			0.20			9	2					5			2
	96365	XXX	Intravenous infusion, for therapy, prophylaxis, or		0.024	0.023			0.21			9	2					5			2
December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0021A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0022A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Janssen COVID Immunization Administration

TAB:

								RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	Global	DESC	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any		0.029	0.029			0.20			7						7			
2021 CMS	90460	XXX	Immunization administration through 18 years of age via any		0.024	0.024			0.17			7						7			
	96411	ZZZ	Chemotherapy administration; intravenous, push technique,		0.033	0.029			0.20			7	3					4			
	99188	XXX	Application of topical fluoride varnish by a physician or other		0.022	0.022			0.20			9	2					5			2
	96365	XXX	Intravenous infusion, for therapy, prophylaxis, or		0.024	0.023			0.21			9	2					5			2
December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0031A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			

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)

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, $5x10^{10}$ 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, $5x10^{10}$ 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

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

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:

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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 then 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:

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 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 Latitute 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).

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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 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).

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

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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, $5x10^{10}$ 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.

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 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, $5x10^{10}$ 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

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)

- 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.

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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 then 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:

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 Latitute 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

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		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		Immun administ intram injection acute re
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
12		~~TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE~~				$ 6.66	$ 0.37	$ 4.07	$ -	$ 12.92	$ -	$ 11.66
13		PRE-SERVICE PERIOD										
14		Start: Following visit when decision for surgery/procedure made										
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					1		1
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37							
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37							
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37							
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3		2		0
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37							
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37							
22	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					1		1
26	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
27		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37							
28		End: When patient enters office/facility for surgery/procedure										
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37					3		3
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0		0
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3		3
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1		1
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2		2
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37							
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37							
39	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37							
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37							
45		Intra-service (of service period)										
46	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
47	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
48	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
49	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37	4				4		4
54	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
56		Post-Service (of service period)										
57	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37					4		4
58	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37							
59	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5		3		3
60	CA025	Clean scope	L037D	RN/LPN/MTA	0.37							
61	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37							
62	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37							
63	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37							
64	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37							
65	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37							
66	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37							
67	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37							
68	CA033	Perform regulatory mandated quality assurance activity	L026A	Medical/Tech	0.26					7		5
69	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					3		3
70	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37							
71	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a
74	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.	L037D	RN/LPN/MTA	0.37	3						
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4						
76		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37							
77		POST-SERVICE PERIOD										
78		Start: Patient leaves office/facility										
79	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0	3
80	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37							
81		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes	16									
83		99212 27 minutes	27									
84		99213 36 minutes	36									
85		99214 53 minutes	53									
86		99215 63 minutes	63									
87	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88			L037D	RN/LPN/MTA	0.37							
91		*Other activity: please include short clinical description*	L037D	RN/LPN/MTA	0.37							
94		End: with last office visit before end of global period										

	A	B	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		administ intram injection acute re
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/cleansers*	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 sngl 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

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD											
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -
13		PRE-SERVICE PERIOD											
14		Start: Following visit when decision for surgery/procedure											
15	CA001	Complete pre-service diagnostic and referral forms		1		1		1		1		1	
16	CA002	Coordinate pre-surgery services (including test results)											
17	CA003	Schedule space and equipment in facility											
18	CA004	Provide pre-service education/obtain consent											
19	CA005	Complete pre-procedure phone calls and prescription		2		0		2		0		2	
20	CA006	Confirm availability of prior images/studies											
21	CA007	Review patient clinical extant information and											
22	CA008	Perform regulatory mandated quality assurance activity		1		1		1		1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS											
27		*Other activity: please include short clinical description here and type new in column A*											
28		End: When patient enters office/facility for surgery/procedu											
29		SERVICE PERIOD											
30		Start: When patient enters office/facility for surgery/proced											
31		Pre-Service (of service period)											
32	CA009	Greet patient, provide gowning, ensure appropriate		3		3		3		3		3	
33	CA010	Obtain vital signs		0		0		0		0		0	
34	CA011	Provide education/obtain consent		3		3		3		3		3	
35	CA012	Review requisition, assess for special needs		1		1		1		1		1	
36	CA013	Prepare room, equipment and supplies		2		2		2		2		2	
37	CA014	Confirm order, protocol exam											
38	CA015	Setup scope (nonfacility setting only)											
39	CA016	Prepare, set-up and start IV, initial positioning and											
40	CA017	Sedate/apply anesthesia											
45		Intra-service (of service period)											
46	CA018	Assist physician or other qualified healthcare											
47	CA019	Assist physician or other qualified healthcare											
48	CA020	Assist physician or other qualified healthcare											
49	CA021	Perform procedure/service---NOT directly related to		4		4		4		4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS											
56		Post-Service (of service period)											
57	CA022	Monitor patient following procedure/service, multitasking		4		4		4		4		4	
58	CA023	Monitor patient following procedure/service, no											
59	CA024	Clean room/equipment by clinical staff		3		3		3		3		3	
60	CA025	Clean scope											
61	CA026	Clean surgical instrument package											
62	CA027	Complete post-procedure diagnostic forms, lab and x-											
63	CA028	Review/read post-procedure x-ray, lab and pathology											
64	CA029	Check dressings, catheters, wounds											
65	CA030	Technologist QC's images in PACS, checking for all											
66	CA031	Review examination with interpreting MD/DO											
67	CA032	Scan exam documents into PACS. Complete exam in											
68	CA033	Perform regulatory mandated quality assurance activity		7		5		7		5		7	
69	CA034	Document procedure (nonPACS) (e.g. mandated		3		3		3		3		3	
70	CA035	Review home care instructions, coordinate											
71	CA036	Discharge day management		n/a		n/a		n/a		n/a		n/a	
74	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.											
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.											
76		End: Patient leaves office/facility											
77		POST-SERVICE PERIOD											
78		Start: Patient leaves office/facility											
79	CA037	Conduct patient communications	0	3	0	3	0	3	0	3	0	3	0
80	CA038	Coordinate post-procedure services											
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes											
83		99212 27 minutes											
84		99213 36 minutes											
85		99214 53 minutes											
86		99215 63 minutes											
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88													
91		*Other activity: please include short clinical description*											
94		End: with last office visit before end of global period											

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: January 2021 Revision Date (if applicable): Tab: Janssen COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD											
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES											
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical		0		0		0		0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0		0		0		0		0	
99	SJ053	swab-pad, alcohol		0		0		0		0		0	
100	SB022	gloves, non-sterile		1.0		1.0		1.0		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1		1		1		1	
102	SK057	paper, laser printing (each sheet)		3		3		3		3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*		0		0		0		0		0	
105	Equipment Code	EQUIPMENT											
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		37		33		37		33		37	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock											
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door		37		33		37		33		37	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft											

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 (1st dose) 0002A (2nd dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 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 (1st dose) 0012A (2nd dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 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, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 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, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use	0031A (Single dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Not applicable

AMA/Specialty Society RVS Update Committee Summary of Recommendations

Novavax SARS-CoV-2-Immunization Administration - Tab 22

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 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, which only requires a single dose.

Most recently, on April 5, 2021, the CPT Editorial Panel created two codes to describe immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. Codes 0041A and 0042A are used to report the administration of the first and second dose of the Novavax 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 five 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 April 2021, the RUC reviewed the two Novavax 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.*

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 and 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 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 reviewed all non-COVID related immunization codes at this April 2021 RUC meeting and submitted recommendations for these services.

Novavax SARS-CoV-2 (COVID-19) Immunization Administration
The RUC reviewed the specialty society recommendations and agreed that 0041A and 0042A 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 indicated that patients receiving the second dose are more likely to experience adverse effects but 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, Moderna, AstraZeneca, Janssen or Novavax immunizations. The RUC recommends the Novavax 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 0041A and 0042A.**

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 Moderna IA codes and determined the same direct inputs apply to the AstraZeneca, Janssen and Novavax 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 like other vaccination codes, the typical amount of clinical staff time for COVID-19 immunization administration is higher due for the 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 COVID-19 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, Moderna, AstraZeneca and Janssen immunization administration codes. The same supplies are recommended for the Novavax IA codes with the previous adjustment, which includes 3 sheets of *SK057 paper, laser printing (each sheet)*. 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, the Moderna COVID VIS is 5 pages and the Janssen COVID VIS is 6 pages. It is anticipated that the Novavax COVID VIS (and future COVID VIS) will follow suit. **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, 0031A, 0041A and 0042A).** 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/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 PE Subcommittee recommended 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, Janssen and Novavax vaccines. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology/New Services

The RUC recommends that all COVID Immunization Administration codes (0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A 0041A and 0042A) 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	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Immunization Administration for Vaccines/Toxoids** Report vaccine immunization administration codes (90460, 90461, 90471-90474, *0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A*, 0041A, 0042A) in addition to the vaccine and toxoid code(s) (90476-~~*90749*~~*90756, 91300, 91301, 91302, 91303*, 913X4). 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 90471-90474. (See also* ***Instructions for Use of the CPT Codebook*** *for definition of reporting qualifications.)* *Report 0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A*, 0041A, 0042A *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*, 913X4*), 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, 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, 91302, 91303*, 913X4 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*~~*90756* 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, 913X4, *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 90476-90756 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, 913X4, *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 90476-90756 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*
●0002A	*second dose*
	(Report 0001A, 0002A for the administration of vaccine 91300)
●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*
●0012A	*second dose*
	(Report 0011A, 0012A for the administration of vaccine 91301)
●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, $5x10^{10}$ viral particles/0.5mL dosage; first dose*
●0022A	*second dose*
	(Report 0021A, 0022A for the administration of vaccine 91302)
●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, $5x10^{10}$ viral particles/0.5mL dosage, single dose*
	(Report 0031A for the administration of vaccine 91303)

●0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose	XXX	0.20
●0042A	second dose (Report 0041A, 0042A for the administration of vaccine 913X4)	XXX	0.20

April 14, 2021

Ezequiel Silva III, 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: Novavax COVID-19 Immunization Administration Codes (0041A, 0042A)

Dear Doctor Silva:

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 Novavax COVID-19 Immunization Administration codes as outlined below.

Please note that the Research Subcommittee approved using a crosswalk methodology for valuing COVID-19 IA codes developed by the CPT Editorial Panel.

0041A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
Recommendation:
•Crosswalk to 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, $5x10^{10}$ viral particles/0.5mL dosage; first dose), which was crosswalked from 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)
•Utilize January 2021 RUC-recommended direct practice expense inputs for CPT code 0021A, for which the October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 were used as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine
0042A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
Recommendation:
•Crosswalk to January 2021 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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, $5x10^{10}$ viral particles/0.5mL dosage; second dose), which was crosswalked from December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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), 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)

- **Utilize January 2021 RUC-recommended direct practice expense inputs for CPT code 0022A, for which the October 2009 RUC-recommended direct practice expense inputs for CPT code 90460 were used as a template with incremental direct practice expense inputs required for administering the COVID-19 vaccine**

Thank you for your consideration.

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0041A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose

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%

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

RUC Meeting Date (mm/yyyy)	04/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP					
CPT Code:	0041A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:						
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**0.00**			
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**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

CPT Code:	0041A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0041A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
Median Pre-Service Time	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
Median Total Time	**7.00**	**7.00**	**0.00**
0			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

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

Top 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			

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 IWPUT 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 0041A, we recommend a crosswalk to 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, $5x10^{10}$ viral particles/0.5mL dosage; first dose), which was crosswalked from 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 <u>in your specialty</u> 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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0042A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose

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%

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

RUC Meeting Date (mm/yyyy)	04/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Tanvir Hussain, MD; Suzanne Berman, MD; Steven Krug, MD					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP					
CPT Code:	0042A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:						
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**0.00**			
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**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

CPT Code:	0042A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0042A	**Top Key Reference CPT Code:** 90460	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
7			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

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

Top 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			

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 IWPUT 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 0042A, we recommend a crosswalk to January 2021 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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, $5x10^{10}$ viral particles/0.5mL dosage; second dose), which was crosswalked from December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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), 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 <u>in your specialty</u> 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

ISSUE: Novavax COVID Immunization Administration

TAB:

Source	CPT	Global	DESC	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any route of administration, with		0.029	0.029			0.20			7						7			
2021 CMS	90460	XXX	Immunization administration through 18 years of age via any		0.024	0.024			0.17			7						7			
	96411	ZZZ	Chemotherapy administration; intravenous, push technique,		0.033	0.029			0.20			7	3					4			
	99188	XXX	Application of topical fluoride varnish by a physician or other		0.022	0.022			0.20			9	2					5			2
	96365	XXX	Intravenous infusion, for therapy, prophylaxis, or		0.024	0.023			0.21			9	2					5			2
December 2020 RUC	0001A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
December 2020 RUC	0002A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
January 2021 RUC	0022A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
February 2021 RUC	0031A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0041A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
REC	0042A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):0041A, 0042A**
SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, AAP
PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Suzanne Berman, MD; Steven Krug, MD

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

Meeting Date: April 2021

CPT Code	Long Descriptor	Global Period
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose	XXX
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	XXX

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

CPT Code	Vignette
0041A	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.
0042A	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, 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 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, $5x10^{10}$ viral particles/0.5mL dosage; first dose) and CPT code 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, $5x10^{10}$ viral particles/0.5mL dosage; second dose) as our crosswalk codes, which are

crosswalked from 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) and CPT code 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), with one exception: CPT code 0021A and CPT code 0022A each include 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 future COVID VIS will follow suit. Therefore, the recommendation for SK057 was amended accordingly (ie, three sheets of laser paper, printed double sided) starting with the AstraZeneca COVID IA CPT codes (0021A, 0022A).
The base reference code to all COVID Immunization Administration (IA) codes (0001A-0002A, 0011A-0012A, 0021A-0022A, 0031A, 0041A-0042A) is 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 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 0041A; 5 minutes for 0042A) reflect 1 minute for manually filling out the vaccine card required to be given to the patient plus another 6 minutes (for 0041A) or 4 minutes (for 0042A) 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 0041A, 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 (0042A). Therefore, the 6 minutes for 0041A 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 0042A 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 the person who documented it did it"). The 3 minutes is the same for both dose one (0041A) and dose two (0042A).

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 0041A 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 0041A and 4 minutes for 0042A to CA033)
- Use of a **vaccine medical grade refrigerator (NEW, line 111)** (100% of IS CST for 0041A and 0042A)
- 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.

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 then 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 Interim RUC meeting. This is required by the CDC and local public health as the COVID vaccine will be delivered in tiers (2 minutes for 0041A 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

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

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. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    No, we are not recommending a PE supply pack.

18. 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

19. 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 estimate for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43) (NEW, line 111)

20. 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

21. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute 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

22. 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)

23. 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

24. 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 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		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		Immun administ intram injection acute re
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				XXX		XXX		XXX		XXX
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
12		~~TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE~~				$ 6.66	$ 0.37	$ 4.07	$ -	$ 12.92	$ -	$ 11.66
13		PRE-SERVICE PERIOD										
14		Start: Following visit when decision for surgery/procedure made										
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					1		1
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37							
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37							
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37							
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3		2		0
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37							
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37							
22	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					1		1
26	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
27		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37							
28		End: When patient enters office/facility for surgery/procedure										
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37					3		3
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0		0
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3		3
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1		1
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2		2
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37							
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37							
39	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37							
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37							
45		Intra-service (of service period)										
46	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
47	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
48	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37							
49	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37	4				4		4
54	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
56		Post-Service (of service period)										
57	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37					4		4
58	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37							
59	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5		3		3
60	CA025	Clean scope	L037D	RN/LPN/MTA	0.37							
61	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37							
62	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37							
63	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37							
64	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37							
65	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37							
66	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37							
67	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37							
68	CA033	Perform regulatory mandated quality assurance activity	L026A	Medical/Tech	0.26					7		5
69	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					3		3
70	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37							
71	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a
74	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.	L037D	RN/LPN/MTA	0.37	3						
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4						
76		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37							
77		POST-SERVICE PERIOD										
78		Start: Patient leaves office/facility										
79	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0	3
80	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37							
81		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes	16									
83		99212 27 minutes	27									
84		99213 36 minutes	36									
85		99214 53 minutes	53									
86		99215 63 minutes	63									
87	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88			L037D	RN/LPN/MTA	0.37							
91		*Other activity: please include short clinical description*	L037D	RN/LPN/MTA	0.37							
94		End: with last office visit before end of global period										

	A	B	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMM
2						90460		99072		0001A		000
3		*RUC Collaboration Website*				October 2009		Sept 2020				
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration 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		Immunization administration by intramuscular injection of severe acute respiratory		Immun administ intram injection acute re
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				XXX		XXX		XXX		XXX
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/cleansers*	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 sngl 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

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD		XXX		XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME X RATE PER MINUTE	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -
13		PRE-SERVICE PERIOD											
14		Start: Following visit when decision for surgery/procedure											
15	CA001	Complete pre-service diagnostic and referral forms		1		1		1		1		1	
16	CA002	Coordinate pre-surgery services (including test results)											
17	CA003	Schedule space and equipment in facility											
18	CA004	Provide pre-service education/obtain consent											
19	CA005	Complete pre-procedure phone calls and prescription		2		0		2		0		2	
20	CA006	Confirm availability of prior images/studies											
21	CA007	Review patient clinical extant information and											
22	CA008	Perform regulatory mandated quality assurance activity		1		1		1		1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS											
27		*Other activity: please include short clinical description here and type new in column A*											
28		End: When patient enters office/facility for surgery/procedu											
29		SERVICE PERIOD											
30		Start: When patient enters office/facility for surgery/proced											
31		Pre-Service (of service period)											
32	CA009	Greet patient, provide gowning, ensure appropriate		3		3		3		3		3	
33	CA010	Obtain vital signs		0		0		0		0		0	
34	CA011	Provide education/obtain consent		3		3		3		3		3	
35	CA012	Review requisition, assess for special needs		1		1		1		1		1	
36	CA013	Prepare room, equipment and supplies		2		2		2		2		2	
37	CA014	Confirm order, protocol exam											
38	CA015	Setup scope (nonfacility setting only)											
39	CA016	Prepare, set-up and start IV, initial positioning and											
40	CA017	Sedate/apply anesthesia											
45		Intra-service (of service period)											
46	CA018	Assist physician or other qualified healthcare											
47	CA019	Assist physician or other qualified healthcare											
48	CA020	Assist physician or other qualified healthcare											
49	CA021	Perform procedure/service---NOT directly related to		4		4		4		4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS											
56		Post-Service (of service period)											
57	CA022	Monitor patient following procedure/service, multitasking		4		4		4		4		4	
58	CA023	Monitor patient following procedure/service, no											
59	CA024	Clean room/equipment by clinical staff		3		3		3		3		3	
60	CA025	Clean scope											
61	CA026	Clean surgical instrument package											
62	CA027	Complete post-procedure diagnostic forms, lab and x-											
63	CA028	Review/read post-procedure x-ray, lab and pathology											
64	CA029	Check dressings, catheters, wounds											
65	CA030	Technologist QC's images in PACS, checking for all											
66	CA031	Review examination with interpreting MD/DO											
67	CA032	Scan exam documents into PACS. Complete exam in											
68	CA033	Perform regulatory mandated quality assurance activity		7		5		7		5		7	
69	CA034	Document procedure (nonPACS) (e.g. mandated		3		3		3		3		3	
70	CA035	Review home care instructions, coordinate											
71	CA036	Discharge day management		n/a		n/a		n/a		n/a		n/a	
74	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.											
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.											
76		End: Patient leaves office/facility											
77		POST-SERVICE PERIOD											
78		Start: Patient leaves office/facility											
79	CA037	Conduct patient communications	0	3	0	3	0	3	0	3	0	3	0
80	CA038	Coordinate post-procedure services											
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes											
83		99212 27 minutes											
84		99213 36 minutes											
85		99214 53 minutes											
86		99215 63 minutes											
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88													
91		*Other activity: please include short clinical description*											
94		End: with last office visit before end of global period											

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD		XXX		XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES											
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical		0		0		0		0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0		0		0		0		0	
99	SJ053	swab-pad, alcohol		0		0		0		0		0	
100	SB022	gloves, non-sterile		1.0		1.0		1.0		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1		1		1		1	
102	SK057	paper, laser printing (each sheet)		3		3		3		3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*		0		0		0		0		0	
105	Equipment Code	EQUIPMENT											
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		37		33		37		33		37	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock											
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door		37		33		37		33		37	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft											

	A	B	Y	Z	AA	AB
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED	
2			0041A		0042A	
3		*RUC Collaboration Website*	Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory	
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP				
5		LOCATION	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 13.03	$ -
8		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME X RATE PER MINUTE	$ 12.92	$ -	$ 11.66	$ -
13		PRE-SERVICE PERIOD				
14		Start: Following visit when decision for surgery/procedure				
15	CA001	Complete pre-service diagnostic and referral forms	1		1	
16	CA002	Coordinate pre-surgery services (including test results)				
17	CA003	Schedule space and equipment in facility				
18	CA004	Provide pre-service education/obtain consent				
19	CA005	Complete pre-procedure phone calls and prescription	2		0	
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and				
22	CA008	Perform regulatory mandated quality assurance activity	1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS				
27		*Other activity: please include short clinical description here and type new in column A*				
28		End: When patient enters office/facility for surgery/procedu				
29		SERVICE PERIOD				
30		Start: When patient enters office/facility for surgery/proced				
31		Pre-Service (of service period)				
32	CA009	Greet patient, provide gowning, ensure appropriate	3		3	
33	CA010	Obtain vital signs	0		0	
34	CA011	Provide education/obtain consent	3		3	
35	CA012	Review requisition, assess for special needs	1		1	
36	CA013	Prepare room, equipment and supplies	2		2	
37	CA014	Confirm order, protocol exam				
38	CA015	Setup scope (nonfacility setting only)				
39	CA016	Prepare, set-up and start IV, initial positioning and				
40	CA017	Sedate/apply anesthesia				
45		Intra-service (of service period)				
46	CA018	Assist physician or other qualified healthcare				
47	CA019	Assist physician or other qualified healthcare				
48	CA020	Assist physician or other qualified healthcare				
49	CA021	Perform procedure/service---NOT directly related to	4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS				
56		Post-Service (of service period)				
57	CA022	Monitor patient following procedure/service, multitasking	4		4	
58	CA023	Monitor patient following procedure/service, no				
59	CA024	Clean room/equipment by clinical staff	3		3	
60	CA025	Clean scope				
61	CA026	Clean surgical instrument package				
62	CA027	Complete post-procedure diagnostic forms, lab and x-				
63	CA028	Review/read post-procedure x-ray, lab and pathology				
64	CA029	Check dressings, catheters, wounds				
65	CA030	Technologist QC's images in PACS, checking for all				
66	CA031	Review examination with interpreting MD/DO				
67	CA032	Scan exam documents into PACS. Complete exam in				
68	CA033	Perform regulatory mandated quality assurance activity	7		5	
69	CA034	Document procedure (nonPACS) (e.g. mandated	3		3	
70	CA035	Review home care instructions, coordinate				
71	CA036	Discharge day management	n/a		n/a	
74	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.				
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.				
76		End: Patient leaves office/facility				
77		POST-SERVICE PERIOD				
78		Start: Patient leaves office/facility				
79	CA037	Conduct patient communications	3	0	3	0
80	CA038	Coordinate post-procedure services				
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits
82		99211 16 minutes				
83		99212 27 minutes				
84		99213 36 minutes				
85		99214 53 minutes				
86		99215 63 minutes				
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0
88						
91		*Other activity: please include short clinical description*				
94		End: with last office visit before end of global period				

	A	B	Y	Z	AA	AB
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED	
2			0041A		0042A	
3		*RUC Collaboration Website*	Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory	
4	Clinical Activity Code	Meeting Date: April 2021 Revision Date (if applicable): Tab: Novavax COVID Immunization Administration Specialties: AAFP, ACOG, ACP, AAP				
5		LOCATION	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 13.03	$ -
8		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES				
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical	0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0	
99	SJ053	swab-pad, alcohol	0		0	
100	SB022	gloves, non-sterile	1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1	
102	SK057	paper, laser printing (each sheet)	3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0	
105	Equipment Code	EQUIPMENT				
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.85	$ -	$ 0.76	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock				
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft				

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, 91304) to their associated immunization administration codes (0001A, 0002A, 0011A, 0012A, 0021A, 0022A, 0031A, 0041A, 0042A), 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, 0041A, 0042A, 91300, 91301, 91302, 91303, and 91304 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 (1st Dose) 0002A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 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 (1st Dose) 0012A (2nd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 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, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 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, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use	0031A (Single dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Not applicable
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	0041A (1^{st} Dose) 0042A (2^{nd} Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

AMA/Specialty Society RVS Update Committee Summary of Recommendations

Pfizer-BioNTech and Moderna SARS-CoV-2 Third Dose 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 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, which only requires a single dose.

On April 5, 2021, the CPT Editorial Panel created two codes to describe immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. Codes 0041A and 0042A are used to report the administration of the first and second dose of the Novavax vaccine.

On July 30, 2021, the CPT Editorial Panel created new code 0003A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the Pfizer-BioNTech third dose. Most recently on August 16, 2021, the CPT Editorial Panel created new code 0013A to describe the immunization administration injection for COVID-19 vaccine for the Moderna third dose.

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 five 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.

Pfizer-BioNTech and Moderna SARS-CoV-2 (COVID-19) Third Dose Immunization Administration
The RUC reviewed the specialty society recommendations and agreed that 0003A and 0013A should be valued the same as the first (0001A and 0011A) and second (0002A and 0012A) COVID-19 IA Pfizer-BioNTech and Moderna doses. 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 vaccines requiring three doses, the total physician work resources required for the first and second dose should be equivalent to those required for the third 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 and second doses. The specialty societies indicated, and the RUC agreed, that the first, second and third doses all require 7 minutes of physician time. Data from the Phase III clinical trials indicated that patients receiving the second dose are more likely to experience adverse effects but the physician involvement addressing such questions are the same for all doses. The RUC agreed that there is no difference in physician work between the administration of the all three doses, nor is there any difference in physician work or time to administer the Pfizer-BioNTech, Moderna, AstraZeneca, Janssen or Novavax immunizations. The RUC recommends the third dose Pfizer-BioNTech and Moderna COVID-19 IA codes be valued the same as the first and second dose codes (0001A, 0002A, 0011A, 0011A, 0012A, 0021A, 0022A, 0031A, 0041A and 0042A). **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0003A and 0013A.**

Practice Expense
The Practice Expense (PE) Subcommittee thoroughly and extensively discussed the practice expense inputs involved with the COVID-19 immunization administration codes in the physician office setting in its December 2020 review of the first and second dose of the Pfizer and Moderna IA codes and determined the same direct inputs apply to the AstraZeneca, Janssen and Novavax IA codes as well as the third dose codes. The Subcommittee compared the direct PE inputs for the new IA codes with 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 like other vaccination codes, the typical amount of clinical staff time for COVID-19 immunization administration is higher due for the 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 COVID-19 immunization administration codes. There was agreement that 2 minutes was appropriate for the first dose of the vaccines to identify and contact appropriate patients and schedule immunization. The PE

Subcommittee agreed that the third dose will mirror the first dose for this clinical activity. Since the third dose of the Pfizer and Moderna COVID-19 vaccine will initially be offered only for certain high risk patients, identification of this patient subset will require selecting high risk patients who have already received the first two doses of the Pfizer or Moderna vaccines – and stratifying them not only from lower risk patients who have already received the first two doses of the Pfizer or Moderna vaccine, but also from patients who have not been vaccinated at all. Therefore, 2 minutes is appropriate for CA005 *Identifying and contacting appropriate patients and scheduling the immunization* for the third doses.

The recommendation for CA033 *Perform regulatory mandated quality assurance activity (service period)* was maintained the same as was recommended for the first and second dose COVID-19 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 third dose data entry would require the same time as the initial dose data entry for CA033 and CA034. The CDC recommends 15 minutes of monitoring the patient following the administration of each dose for all COVID-19 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, Moderna, AstraZeneca and Janssen immunization administration codes. The same supplies are recommended for all COVID-19 IA codes including the previous adjustment, which includes 3 sheets of *SK057 paper, laser printing (each sheet)*. 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, the Moderna COVID VIS is 5 pages and the Janssen COVID VIS is 6 pages. It is anticipated that the Novavax COVID VIS (and future COVID VIS) will follow suit. **Therefore, the Practice Subcommittee recommends SK057 accordingly (i.e., 3 sheets of laser paper, printed double sided) for all COVID IA codes (0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A and 0042A).** 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/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 PE Subcommittee recommended new equipment item *refrigerator, vaccine medical grade, w-data logger sngl glass door* and *freezer, under counter, ultra-cold 3.7 cu ft.),* 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 third Pfizer-BioNTech and Moderna vaccines. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology/New Services
The RUC recommends that all COVID Immunization Administration codes (0001A, 0002A, 0003A, 0011A, 0012A, 00013A, 0021A, 0022A, 0031A 0041A and 0042A) 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
Category I **Evaluation and Management** **Preventive Medicine Services** ►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, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A. For vaccine/toxoid products, see 90476-~~90749~~9075690759, 91300, 91301, 91302, 91303, 91304.◄ **Medicine** **Immunization Administration for Vaccines/Toxoids** ►Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A) in addition to the vaccine and toxoid code(s) (90476-~~90749~~9075690759, 91300, 91301, 91302, 91303, 91304). Report codes 90460 and 90461 only when the physician or other 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 other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.)◄ ►Report 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A 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, 91304), 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, 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, 91302, 91303, 91304, 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-~~907499075690~~90759 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, 91304, 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-~~907499075690~~90759 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, 91304, 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-~~907499075690~~90759 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/0.3 mL dosage, diluent reconstituted; first dose*
●*0002A*	*second dose*

●0003A	R1	third dose (Report 0001A, 0002A, 0003A for the administration of vaccine 91300)	XXX	0.20
●*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/0.5 mL dosage; first dose*			

●*0012A*		*second dose*		
●0013A	R2	third dose (Report 0011A, 0012A, 0013A for the administration of vaccine 91301)	XXX	0.20

●*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, $5x10^{10}$ viral particles/0.5 mL dosage; first dose*

●*0022A* *second dose*

►*(Report 0021A, 0022A for the administration of vaccine 91302)*◄

●*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, $5x10^{10}$ viral particles/0.5 mL dosage, single dose*

►*(Report 0031A for the administration of vaccine 91303)*◄

●*0041A* *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose*

●*0042A* *second dose*

►*(Report 0041A, 0042A for the administration of vaccine 91304)*◄

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↗ symbol and will be tracked by the

AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↗ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ↗ symbol.

▶Codes 90476-~~907499075690~~759, 91300, 91301, 91302, 91303, 91304 identify the vaccine product only. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-~~907499075690~~759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474).To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes (91300, 91301, 91302, 91303, 91304) should be reported with the corresponding immunization administration code (0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A). All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors, vaccine administration codes, vaccine manufacturer, vaccine name(s), 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. ◀

▶Do not report 90476-~~907499075690~~759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration codes 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-~~907499075690~~759 are administered at the same encounter.◀

▶Modifier 51 should not be reported with vaccine/toxoid codes 90476-~~*907499075690759,*~~ 91300, 91301, 91302, 91303, 91304, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A.◀

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The "when administered to" age descriptions included in CPT vaccine codes are not intended to identify a product's licensed age indication. The term "preservative free" includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product's prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

▶The vaccine/toxoid abbreviations listed in codes 90476-~~90748~~~~90756~~90759, 91300, 91301, 91302, 91303, 91304 reflect the most recent US vaccine abbreviations~~s~~ references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.◀

(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365-96375)

#~~✓~~●*91300* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use*

#~~✓~~●*91301* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use*

▶(Report 91301 with administration codes 0011A, 0012A, 0013A)◀

#✓●*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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*

▶*(Report 91302 with administration codes 0021A, 0022A)*◀

#~~✓~~●*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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*

▶*(Report 91303 with administration code 0031A)*◀

#✓●*91304* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use*

▶*(Report 91304 with administration codes 0041A, 0042A)*◀

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

►(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A)◄

►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, 91304) to their associated immunization administration codes (0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A), 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, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A and 91300, 91301, 91302, 91303, 91304 can be found in the **Immunization Administration for Vaccines/Toxoids** and **Vaccines, Toxoids** guidelines in the **Medicine** section of the CPT code set.◄

August 23, 2021

Ezequiel Silva III, 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 Third Dose Codes (0003A, 0013A)

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Nurses Association (ANA), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) third dose codes as outlined below.

Please note that the Research Subcommittee has previously approved using a crosswalk methodology for valuing COVID-19 IA codes developed by the CPT Editorial Panel.

0003A 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; third dose

Recommendation:
•Crosswalk to December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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)
•Utilize December 2020 RUC-recommended direct practice expense inputs for CPT code 0001A as a template

0013A 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/0.5 mL dosage; third dose

Recommendation:
•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/0.5 mL dosage; first dose
•Utilize December 2020 RUC-recommended direct practice expense inputs for CPT code 0011A as a template

Thank you for your consideration.

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

Charles Hamori, MD
RUC Advisor
American College of Physicians

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

Korinne Van Keuren, DNP, MS, RN
HCPAC Advisor
American Nurses Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0003A Tracking Number R1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, diluent reconstituted; third dose

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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The third 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

RUC Meeting Date (mm/yyyy)	08/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0003A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0003A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0003A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0003A, we recommend a crosswalk to December 2020 RUC-recommended work relative value units (0.20 wRVUs) and intraservice time (7 minutes) for CPT code 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/0.3 mL dosage, diluent reconstituted; first dose).

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 <u>in your specialty</u> 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 <u>percentage</u> 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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0013A Tracking Number R2 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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; third dose

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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The third 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

RUC Meeting Date (mm/yyyy)	08/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0013A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0013A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0011A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0013A	**Top Key Reference CPT Code:** 0011A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0013A, 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).

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	**ISSUE:** COVID-19 Immunization Administration Third Dose Codes																					
14	**TAB:**																					
15								RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	Global	DESC	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF RUC REC 2009	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	December 2020 RUC	0001A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
23	December 2020 RUC	0002A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
24	December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
25	December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
26	January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
27	January 2021 RUC	0022A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
28	February 2021 RUC	0031A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
29	April 2021 RUC	0041A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
30	April 2021 RUC	0042A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
31	REC	0003A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			
32	REC	0013A	XXX	Immunization administration by intramuscular injection of		0.029	0.029			0.20			7						7			

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):0003A, 0013A**

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

PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, 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)

Meeting Date: August 2021

CPT Code	Long Descriptor	Global Period
0003A	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; third dose	XXX
0013A	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/0.5 mL dosage; third dose	XXX

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

CPT Code	Vignette
0003A	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.
0013A	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/HCPAC 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*):

   0003A: We are utilizing CPT code 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) as our crosswalk code.

   CPT code 0001A differs from CPT code 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) in that it includes a total of 4 additional minutes of clinical staff time as follows:
•CA033: 2 extra minutes for "patient record creation and demographic entry"
•CA005: 2 extra minutes for "identify and contact appropriate patients and schedule immunization"
For CPT code 0003A, we recommend including the 2 extra minutes for CA005 – but not the 2 extra minutes for CA033:
•CA033 (2 minutes for patient record creation and demographic entry): Since CPT code 0003A represents a third dose of the Pfizer COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for 0003A.
•CA005 (2 minutes for identify and contact appropriate patients and schedule immunization): Since the third dose of the Pfizer COVID-19 vaccine will initially be offered only for certain high risk patients, identification of this patient subset will require selecting high risk patients who have already received the first two doses of the Pfizer vaccine – and stratifying them not only from lower risk patients who have already received the first two doses of the Pfizer vaccine, but also from patients who have not been vaccinated at all. Therefore, we maintain the 2 minutes for "identifying and contacting appropriate patients and scheduling the immunization" (CA005) for the third dose.

0013A: We are utilizing 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/0.5 mL dosage; first dose) as our crosswalk code.

CPT code 0011A differs from CPT code 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/0.5 mL dosage; second dose) in that it includes a total of 4 additional minutes of clinical staff time as follows:
•CA033: 2 extra minutes for "patient record creation and demographic entry"
•CA005: 2 extra minutes for "identify and contact appropriate patients and schedule immunization"
For CPT code 0003A, we recommend including the 2 extra minutes for CA005 – but not the 2 extra minutes for CA033:
•CA033 (2 minutes for patient record creation and demographic entry): Since CPT code 0013A represents a third dose of the Moderna COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for 0013A.
•CA005 (2 minutes for identify and contact appropriate patients and schedule immunization): Since the third dose of the Moderna COVID-19 vaccine will initially be offered only for certain high risk patients, identification of this patient subset will require selecting high risk patients who have already received the first two doses of the Moderna vaccine – and stratifying them not only from lower risk patients who have already received the first two doses of the Moderna vaccine, but also from patients who have not been vaccinated at all. Therefore, we maintain the 2 minutes for "identifying and contacting appropriate patients and scheduling the immunization" (CA005) for the third dose.

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 5 minutes reflect 1 minute for manually filling out the patient's vaccine card plus another 4 minutes of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs.
   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).

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 to CA005); CPT codes 0003A and 0013A represent the third dose of the COVID-19 vaccine, which will be initially offered for certain high risk patient populations rather than to every individual who has received the first two doses of the vaccine
   - Due to risk of anaphylaxis with COVID vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
   - Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as required by state and federal regulations (4 minutes to CA033) (total of 5 minutes to CA033)
   - For 0003A Only: Use of an ultra cold freezer for storing vaccine (NEW, line 112) (93% of total CST = 33 minutes) and use of a vaccine medical grade refrigerator (NEW, line 111) (7% of total CST = 2 minutes)
   - For 0013A Only: Use of a vaccine medical grade refrigerator (NEW, line 111) (100% of total CST = 35 minutes)

- Each refrigerator requires a temperature monitor with alarm (ED043, line 107), which is accounted for in the total minutes for combined use of ultra cold freezer (0003A only) and medical grade vaccine refrigerator (eg, Column AC: 35 minutes =2 minutes + 33 minutes)

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.

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 then 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 Interim RUC review. This is required by the CDC and local public health as the third dose of the COVID vaccine will be delivered in tiers (2 minutes).

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. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    No, we are not recommending a PE supply pack.

18. 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

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

19. 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:

0003A: McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43) and freezer, under counter, ultra cold 3.7 cu ft ($16,516.36) 0013A: McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43)

20. 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

21. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute 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

22. 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)

23. 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). ========== **0003A Refrigerator/Freezer Allocation Calculation** Source: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 cold freezer
1 day in refrigerator

Ultra cold freezer = 13/14 = 93% of total CST for 0003A (0.93 x 35 = 32.55 ~ 33 minutes)
Refrigerator = 1/14 = 7% of total CST for 0003A (0.07 x 35 = 2.45 ~ 2 minutes)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. 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 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		RECOMM
2						90460		99072		0001A		00
3		*RUC Collaboration Website*				October 2009		Sept 2020				
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA	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		Immunization administration by intramuscular injection of severe acute respiratory		Immun administ intram injection acute re
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				XXX		XXX		XXX		XXX
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
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 6.66	$ 0.37	$ 4.07	$ -	$ 12.92	$ -	$ 11.66
13		PRE-SERVICE PERIOD										
14		Start: Following visit when decision for surgery/procedure made										
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					1		1
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37							
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37							
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37							
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3		2		0
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37							
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37							
22	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					1		1
26	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
27		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37							
28		End: When patient enters office/facility for surgery/procedure										
29		SERVICE PERIOD										
30		Start: When patient enters office/facility for surgery/procedure:										
31		Pre-Service (of service period)										
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37					3		3
33	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0		0
34	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3		3
35	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1		1
36	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2		2
37	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37							
38	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37							
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37							
40	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37							
45		Intra-service (of service period)										
46	CA018	Assist physician or other qualified healthcare professional	L037D	RN/LPN/MTA	0.37							
47	CA019	Assist physician or other qualified healthcare professional	L037D	RN/LPN/MTA	0.37							
48	CA020	Assist physician or other qualified healthcare professional	L037D	RN/LPN/MTA	0.37							
49	CA021	Perform procedure/service--NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	4				4		4
54	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						
56		Post-Service (of service period)										
57	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37					4		4
58	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37							
59	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5		3		3
60	CA025	Clean scope	L037D	RN/LPN/MTA	0.37							
61	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37							
62	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37							
63	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37							
64	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37							
65	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37							
66	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37							
67	CA032	Scan exam documents into PACS. Complete exam in RIS	L037D	RN/LPN/MTA	0.37							
68	CA033	Perform regularly mandated quality assurance activity	L026A	Medical Technical Assistant	0.26					7		5
69	CA034	Document prod. (non-PACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					3		3
70	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37							
71	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a
74	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.	L037D	RN/LPN/MTA	0.37	3						
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4						
76		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37							
77		POST-SERVICE PERIOD										
78		Start: Patient leaves office/facility										
79	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0	3
80	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37							
81		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes	16									
83		99212 27 minutes	27									
84		99213 36 minutes	36									
85		99214 53 minutes	53									
86		99215 63 minutes	63									
87	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88			L037D	RN/LPN/MTA	0.37							
91		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37							
94		End: with last office visit before end of global period										

	A	B	D	E	F	G	H	I	J	K	L	M
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMM
2						90460		99072		0001A		00
3		*RUC Collaboration Website*				October 2009		Sept 2020		Immunization		Immun
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA	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		administration by intramuscular injection of severe acute respiratory		administ intram injection acute re
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				XXX		XXX		XXX		XXX
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/cleansers*	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 sngl 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

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD		XXX		XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -
13		PRE-SERVICE PERIOD											
14		Start: Following visit when decision for surgery/procedure m											
15	CA001	Complete pre-service diagnostic and referral forms		1		1		1		1		1	
16	CA002	Coordinate pre-surgery services (including test results)											
17	CA003	Schedule space and equipment in facility											
18	CA004	Provide pre-service education/obtain consent											
19	CA005	Complete pre-procedure phone calls and prescription		2		0		2		0		2	
20	CA006	Confirm availability of prior images/studies											
21	CA007	Review patient clinical extant information and [illegible]											
22	CA008	Perform regulatory mandated quality assurance activity		1		1		1		1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS											
27		*Other activity: please include short clinical description here and type new in column A*											
28		End: When patient enters office/facility for surgery/procedure											
29		SERVICE PERIOD											
30		Start: When patient enters office/facility for surgery/procedur											
31		Pre-Service (of service period)											
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available		3		3		3		3		3	
33	CA010	Obtain vital signs		0		0		0		0		0	
34	CA011	Provide education/obtain consent		3		3		3		3		3	
35	CA012	Review requisition, assess for special needs		1		1		1		1		1	
36	CA013	Prepare room, equipment and supplies		2		2		2		2		2	
37	CA014	Confirm order, protocol exam											
38	CA015	Setup scope (nonfacility setting only)											
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient											
40	CA017	Sedate/apply anesthesia											
45		Intra-service (of service period)											
46	CA018	Assist physician or other qualified healthcare professional											
47	CA019	Assist physician or other qualified healthcare professional											
48	CA020	Assist physician or other qualified healthcare professional											
49	CA021	Perform procedure/service--NOT directly related to physician work time		4		4		4		4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS											
56		Post-Service (of service period)											
57	CA022	Monitor patient following procedure/service, multitasking		4		4		4		4		4	
58	CA023	Monitor patient following procedure/service, no multitasking											
59	CA024	Clean room/equipment by clinical staff		3		3		3		3		3	
60	CA025	Clean scope											
61	CA026	Clean surgical instrument package											
62	CA027	Complete post-procedure diagnostic forms, lab and x-ray											
63	CA028	Review/read post-procedure x-ray, lab and pathology [illegible]											
64	CA029	Check dressings, catheters, wounds											
65	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page											
66	CA031	Review examination with interpreting MD/DO											
67	CA032	Scan exam documents into PACS. Complete exam in RIS											
68	CA033	Perform regulatory mandated quality assurance activity		7		5		7		5		7	
69	CA034	Document prod [illegible] (non-ACS) (e.g. mandated		3		3		3		3		3	
70	CA035	Review home care instructions, coordinate visits/prescriptions											
71	CA036	Discharge day management		n/a		n/a		n/a		n/a		n/a	
74	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.											
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.											
76		End: Patient leaves office/facility											
77		POST-SERVICE PERIOD											
78		Start: Patient leaves office/facility											
79	CA037	Conduct patient communications	0	3	0	3	0	3	0	3	0	3	0
80	CA038	Coordinate post-procedure services											
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes											
83		99212 27 minutes											
84		99213 36 minutes											
85		99214 53 minutes											
86		99215 63 minutes											
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88													
91		*Other activity: please include short clinical description here and type new in column A*											
94		End: with last office visit before end of global period											

	A	B	N	O	P	Q	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			02A	0011A		0012A		0021A		0022A		0031A	
3		*RUC Collaboration Website*	ization	Immunization		Immunization		Immunization		Immunization		Immunization	
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA	ration by uscular of severe spiratory	administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of Severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory		administration by intramuscular injection of severe acute respiratory	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD		XXX		XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES											
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical		0		0		0		0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0		0		0		0		0	
99	SJ053	swab-pad, alcohol		0		0		0		0		0	
100	SB022	gloves, non-sterile		1.0		1.0		1.0		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1		1		1		1	
102	SK057	paper, laser printing (each sheet)		3		3		3		3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*		0		0		0		0		0	
105	Equipment Code	EQUIPMENT											
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		37		33		37		33		37	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock											
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door		37		33		37		33		37	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft											

	A	B	Y	Z	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0041A		0042A		0003A		0013A	
3		*RUC Collaboration Website*	Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of Severe acute respiratory	
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 13.03	$ -	$ 14.59	$ -	$ 13.82	$ -
8		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	35.0	0.0	35.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0	4.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0	28.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.92	$ -	$ 11.66	$ -	$ 12.40	$ -	$ 12.40	$ -
13		PRE-SERVICE PERIOD								
14		Start: Following visit when decision for surgery/procedure m								
15	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1	
16	CA002	Coordinate pre-surgery services (including test results)								
17	CA003	Schedule space and equipment in facility								
18	CA004	Provide pre-service education/obtain consent								
19	CA005	Complete pre-procedure phone calls and prescription	2		0		2		2	
20	CA006	Confirm availability of prior images/studies								
21	CA007	Review patient clinical extant information and quality issues								
22	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1	
26	OLD	Prepare patient chart with appropriate CDC VIS								
27		*Other activity: please include short clinical description here and type new in column A*								
28		End: When patient enters office/facility for surgery/procedure								
29		SERVICE PERIOD								
30		Start: When patient enters office/facility for surgery/procedur								
31		Pre-Service (of service period)								
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3		3		3	
33	CA010	Obtain vital signs	0		0		0		0	
34	CA011	Provide education/obtain consent	3		3		3		3	
35	CA012	Review requisition, assess for special needs	1		1		1		1	
36	CA013	Prepare room, equipment and supplies	2		2		2		2	
37	CA014	Confirm order, protocol exam								
38	CA015	Setup scope (nonfacility setting only)								
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
40	CA017	Sedate/apply anesthesia								
45		Intra-service (of service period)								
46	CA018	Assist physician or other qualified healthcare professional								
47	CA019	Assist physician or other qualified healthcare professional								
48	CA020	Assist physician or other qualified healthcare professional								
49	CA021	Perform procedure/service--NOT directly related to physician work time	4		4		4		4	
54	OLD	Provide patient/parent with appropriate CDC VIS								
56		Post-Service (of service period)								
57	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4	
58	CA023	Monitor patient following procedure/service, no multitasking								
59	CA024	Clean room/equipment by clinical staff	3		3		3		3	
60	CA025	Clean scope								
61	CA026	Clean surgical instrument package								
62	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
63	CA028	Review/read post-procedure x-ray, lab and pathology results								
64	CA029	Check dressings, catheters, wounds								
65	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page								
66	CA031	Review examination with interpreting MD/DO								
67	CA032	Scan exam documents into PACS. Complete exam in RIS								
68	CA033	Perform regularly mandated quality assurance activity	7		5		5		5	
69	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3	
70	CA035	Review home care instructions, coordinate visits/prescriptions								
71	CA036	Discharge day management	n/a		n/a		n/a		n/a	
74	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.								
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.								
76		End: Patient leaves office/facility								
77		POST-SERVICE PERIOD								
78		Start: Patient leaves office/facility								
79	CA037	Conduct patient communications	3	0	3	0	3	0	3	0
80	CA038	Coordinate post-procedure services								
81		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
82		99211 16 minutes								
83		99212 27 minutes								
84		99213 36 minutes								
85		99214 53 minutes								
86		99215 63 minutes								
87	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
88										
91		*Other activity: please include short clinical description here and type new in column A*								
94		End: with last office visit before end of global period								

	A	B	Y	Z	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0041A		0042A		0003A		0013A	
3		*RUC Collaboration Website*	Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of severe acute respiratory		Immunization administration by intramuscular injection of Severe acute respiratory	
4	Clinical Activity Code	Meeting Date: August 2021 Revision Date (if applicable): Tab: COVID-19 IA Third Dose Codes Specialties: AAFP, ACOG, ACP, AAP, ANA								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 13.03	$ -	$ 14.59	$ -	$ 13.82	$ -
8		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	35.0	0.0	35.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0	4.0	0.0	4.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0	28.0	0.0	28.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
95	Supply Code	MEDICAL SUPPLIES								
96		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
97	SB033	mask, surgical	0		0		0		0	
98	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0	
99	SJ053	swab-pad, alcohol	0		0		0		0	
100	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1	
102	SK057	paper, laser printing (each sheet)	3		3		3		3	
103	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0	
105	Equipment Code	EQUIPMENT								
106		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.85	$ -	$ 0.76	$ -	$ 1.58	$ -	$ 0.81	$ -
107	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33		35		35	
108	EF040	refrigerator, vaccine, commercial grade, w-alarm lock								
111	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		2		35	
112	NEW	freezer, under counter, ultra cold 3.7 cu ft					33			

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, 91304) to their associated immunization administration codes (0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A), 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, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 91300, 91301, 91302, 91303, and 91304 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/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose: 180 or More 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
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose: 28 or More 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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Not Applicable
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
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October 15, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations on COVID-19 Immunization Administration

Dear Administrator Brooks-LaSure,

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 to the eight new codes created (0004A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A and 0072A) that describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. These codes describe Pfizer and Moderna boosters, Pfizer-BioNTech tris-sucrose formula (which do not require an ultra-cold freezer for storage) and Pfizer-BioNTech tris-sucrose formula for children ages 5-11.

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,

Ezequiel Silva III, MD
RUC Chairperson

Enclosures
cc: RUC Participants
Perry Alexion, MD
Larry Chan
Arkaprava Deb, MD
Edith Hambrick, MD
Ryan Howe
Scott Lawrence
Karen Nakano, MD
Michael Soracoe
Gift Tee

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2021

SARS-CoV-2-Immunization Administration-Boosters, Pfizer Tris-Sucrose, Pfizer Age 5-11

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 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.

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, which only requires a single dose.

On April 5, 2021, the CPT Editorial Panel created two codes to describe immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. Codes 0041A and 0042A are used to report the administration of the first and second dose of the Novavax vaccine.

On July 30, 2021, the CPT Editorial Panel created new code 0003A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the Pfizer-BioNTech third dose, for specific populations such as immunocompromised individuals. Subsequently on August 16, 2021, the CPT Editorial Panel created new code 0013A to describe the immunization administration injection for COVID-19 vaccine for the Moderna third dose, for specific populations such as immunocompromised individuals.

On September 3, 2021, the CPT Editorial Panel created six new codes to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. CPT codes 0051A, 0052A and 0053A are used to report the first, second and third dose for the Pfizer-BioNTech tris-sucrose formulation, which does not require the ultra-cold freezer. CPT codes 0004A and 0054A are used to report immunization administration of the booster doses of the Pfizer-BioNTech for both formulations and CPT code 0064A is used to report the immunization administration of the Moderna booster dose.

On September 30, 2021, the CPT Editorial Panel created two new codes to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the pediatric population, ages 5-11. CPT codes 0071A and 0072A are used to report the first and second dose administration of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted).

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 six 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 support 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.

Pfizer-BioNTech and Moderna SARS-CoV-2-Immunization Administration-Boosters, Pfizer Tris-Sucrose, Pfizer Tris-Sucrose Age 5-11
The RUC reviewed the specialty society recommendations and agreed that 0004A (Pfizer booster), 0051A-0053A (Pfizer tris-sucrose), 0054A (Pfizer tris-sucrose booster), 0064A (Moderna booster) and 0071A and 0072A (Pfizer tris-sucrose, age 5-11, first and second doses) should be valued the same as the previous first, second and third doses of all other COVID-19 immunization administration codes with a work RVU of 0.20. 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 vaccines requiring booster doses, the total physician work resources required for the booster dose should be equivalent to those required for the first dose to account for the possibility that a patient may not return to the same physician or even the same physician group for the booster dose administration. Valuation must account for any necessary physician work to confirm the details of a patient's first and second doses. The specialty societies indicated, and the RUC agreed, that all doses and formulations require 7 minutes of physician time. Clinical experience indicates that the physician involvement required to address questions regarding adverse side effects are the same for all doses. Therefore, the RUC agreed that there is no difference in physician work between the administration of any booster doses or pediatric doses nor is there any difference in physician work or time to administer a single dose of the Pfizer-BioNTech (either formulation), Moderna, AstraZeneca, Janssen or Novavax immunizations. The RUC recommends the booster doses Pfizer-BioNTech and Moderna COVID-19 IA and Pfizer-BioNTech tris-sucrose formula for adults and children ages 5-11 COVID-19 IA codes be valued the same as the first, second and third doses of the previous established COVID-19 immunization administration codes (0001A, 0002A, 0003A, 0011A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A and 0042A). **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0004A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A and 0072A.**

Practice Expense
The Practice Expense (PE) Subcommittee thoroughly and extensively discussed the practice expense inputs involved with the COVID-19 immunization administration codes in the physician office setting in its December 2020 review of the first and second dose of the Pfizer-BioNTech and Moderna IA codes and determined the same direct inputs apply to the Pfizer-BioNTech and Moderna boosters and Pfizer-BioNTech tris-sucrose formulation COVID 19 immunization administration. The Subcommittee compared the direct PE inputs for the new IA codes with former CPT code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]* 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 Public Health Emergency (PHE).**

The specialty societies emphasized that though the clinical staff activities may be like other vaccination codes, the typical amount of clinical staff time for COVID-19 immunization administration 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 COVID-19 immunization administration codes. There was agreement that 2 minutes was appropriate for the first dose of the vaccines to identify and contact appropriate patients and schedule immunization. The PE Subcommittee agreed that any third doses and boosters will mirror the first dose for this clinical activity. Since the third dose and boosters of the Pfizer and Moderna COVID-19 vaccine will initially be offered only for certain high risk patients, identification of this patient subset will require selecting high risk patients who have already received the first two doses of the Pfizer or Moderna vaccines – and stratifying them not only from lower risk patients who have already received the first two doses of the Pfizer or Moderna vaccine, but also from patients who have not been vaccinated at all. Therefore, 2 minutes is appropriate for CA005 *Complete pre-procedure phone calls and prescription* to identify and contact appropriate patients and schedule the immunization for the first, third or booster dose of the COVID-19 vaccine.

For pediatric age 5-11 COVID-19 IA codes 0071A and 0072A, 1 additional minute, totaling 3 minutes, was added for CA013 *Prepare room, equipment and supplies* to allow for clinical staff to reconstitute the vaccine for pediatric doses.

The recommendation for CA033 *Perform regulatory mandated quality assurance activity (service period)* remained as L026A *Medical/Technical Assistant* for this type of registry. The first dose of all COVID-19 IA is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 IA codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A) since the patient record creation and demographic entry has already been established.

Three minutes 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. This is the same for all COVID-19 IA vaccines and doses. The CDC recommends 15 minutes of monitoring the patient following the administration of each dose for all COVID-19 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 for CA022 *Monitor patient following procedure/service, multitasking 1:4*. A follow-up phone call from the patient to the practice to discuss symptoms or address questions was accepted as typical, 3 minutes CA037 *Conduct patient communications*.

The PE Subcommittee extensively discussed the supply and equipment inputs associated with the initial Pfizer, Moderna, AstraZeneca, Janssen and Novavax immunization administration codes. The same supplies are recommended for all COVID-19 IA codes including the previous adjustment, which includes 3 sheets of SK057 *paper, laser printing (each sheet)*. 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, the Moderna COVID VIS is 5 pages and the Janssen COVID VIS is 6 pages. It is anticipated that the Novavax COVID VIS (and future COVID VIS) will follow suit. **Therefore, the Practice Subcommittee recommends SK057 accordingly (i.e., 3 sheets of laser paper, printed double sided) for all COVID IA codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A and 0072A).** The remaining supplies recommended are: SG021 *bandage, strip 0.75in x 3in (Bandaid)* and SB022 *gloves, non-sterile* and exclude any 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 PE Subcommittee recommended new equipment item *refrigerator, vaccine medical grade, w-data logger sngl glass door* for all COVID-19 immunization administration codes and new equipment item *freezer, under counter, ultra-cold 3.7 cu ft.* is recommended for the Pfizer BioNTech immunization administration codes (0001A, 0002A, 0003A and 0004A). It was noted that CPT codes 0051A, 0052A and 0053A for the first, second and third dose for the Pfizer-BioNTech tris-sucrose formulation, do not require the ultra-cold freezer. 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 refrigerators and monitor would be typical medical equipment for the all COVID-19 immunization administration codes. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology/New Services
The RUC recommends that all COVID Immunization Administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A and 0072A) 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
Category I **Evaluation and Management** **Preventive Medicine Services** 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, 0001A, 0002A, 0003A, *0004A*, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A. For vaccine/toxoid products, see 90476-90759, 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307. **Medicine** **Immunization Administration for Vaccines/Toxoids** Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, *0004A,* 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307). Report codes 90460 and 90461 only when the physician or other 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 other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.) Report 0001A, 0002A, 0003A, *0004A,* 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A 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, 91304*, 91305, 91306*, 91307), 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, 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, 91302, 91303, 91304, *91305, 91306*, 91307, 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 90476-90759 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, 91304, *91305, 91306*, 91307, 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 90476-90759 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, 91304, *91305, 91306*, 91307, 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 90476-90759 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/0.3 mL dosage, diluent reconstituted; first dose*		
●*0002A*		*second dose*		
●*0003A*		*third dose*		
●0004A	S1	booster dose (Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300) (Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307)	XXX	0.20

#●0051A	S2	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/0.3 mL dosage, tris-sucrose formulation; first dose	XXX	0.20
#●0052A	S3	second dose	XXX	0.20
#●0053A	S4	third dose	XXX	0.20
#●0054A	S5	booster dose (Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305) (Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307)	XXX	0.20
#●0071A	S6	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	XXX	0.20
#●0072A	S7	second dose (Report 0071A, 0072A for the administration of vaccine 91307) (Do not report 0071A, 0072A in conjunction with 91300, 91305)	XXX	0.20
●*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/0.5 mL dosage; first dose*			
●*0012A*	*second dose*			
●*0013A*	*third dose*			
	(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)			

#●0064A	S8	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, 50 mcg/0.25 mL dosage, booster dose (Report 0064A for the administration of vaccine 91306)	XXX	0.20

●*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, $5x10^{10}$ viral particles/0.5 mL dosage; first dose*

●*0022A* *second dose*

(Report 0021A, 0022A for the administration of vaccine 91302)

●*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, $5x10^{10}$ viral particles/0.5 mL dosage, single dose*

(Report 0031A for the administration of vaccine 91303)

●*0041A* *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose*

●*0042A* *second dose*

(Report 0041A, 0042A for the administration of vaccine 91304)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↯ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↯ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ↯ symbol.

Codes 90476-90759, 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307 identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474).To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes (91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307) should be reported with the corresponding immunization administration code (0001A, 0002A, 0003A, *0004A*, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A). All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors, vaccine administration codes, vaccine manufacturer, vaccine name(s), 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.

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration codes 0001A, 0002A, 0003A, *0004A*, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 0001A, 0002A, 0003A, *0004A*, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The "when administered to" age descriptions included in CPT vaccine codes are not intended to identify a product's licensed age indication. The term "preservative free" includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product's prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307 reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely

basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, and 0053A represent the administration of a third dose when the initial immune response following a two-dose primary vaccine series is likely to be insufficient (eg, immunocompromised patient). In contrast, the booster dose codes 0004A, 0054A, and 0064A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.

(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365-96375)

#●*91300* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use*

(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)

Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A*)*

#➶●*91305* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*

(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)

Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A*)*

#➶●91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

(Report 91307 with administration codes 0071A, 0072A)

(Do not report 91307 in conjunction with administration codes 0001A, 0002A, *0003A, 0004A, 0051A, 0052A, 0053A, 0054A*)

#●*91301* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use*

(Report 91301 with administration codes 0011A, 0012A, 0013A)

#➶●*91306* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use*

(Report 91306 with administration code 0064A)

#➶●*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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*

(Report 91302 with administration codes 0021A, 0022A)

#●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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*

(Report 91303 with administration code 0031A)

#↗●91304 *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use*

(Report 91304 with administration codes 0041A, 0042A)

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 0001A, 0002A, 0003A, *0004A,* 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A,* 0071A, 0072A)

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, 91304, *91305, 91306*, 91307) to their associated immunization administration codes (0001A, 0002A, 0003A, *0004A,* 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A), 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, 0003A, *0004A,* 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, *0051A, 0052A, 0053A, 0054A, 0064A*, 0071A, 0072A and 91300, 91301, 91302, 91303, 91304, *91305, 91306*, 91307 can be found in the **Immunization Administration for Vaccines/Toxoids** and **Vaccines, Toxoids** guidelines in the **Medicine** section of the CPT code set.

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

Vaccine Code	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/0.3 mL dosage, diluent reconstituted, for intramuscular use	●0001A (1st Dose) ●0002A (2nd Dose) ●0003A (3rd Dose) *●0004A (Booster)*	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine/ *Comirnaty*	59267-1000-1 59267-1000-01	*1st Dose to 2nd Dose:* 21 Days *2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):* *28 or More Days* *Booster:* *Refer to FDA/CDC Guidance*
#✓●***91305*** *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*	*#●0051A (1st Dose)* *#●0052A (2nd Dose)* *#●0053A (3rd Dose)* *#●0054A (Booster)*	*Pfizer, Inc*	*Pfizer-BioNTech COVID-19 Vaccine*	*59267-1025-1* *59267-1025-01*	*1st Dose to 2nd Dose: 21 Days* *2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):* *28 or More Days* *Booster:* *Refer to FDA/CDC Guidance*
#✓●**91307** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	#●0071A (1st Dose) #●0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 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/0.5 mL dosage, for intramuscular use	●0011A (1st Dose) ●0012A (2nd Dose) ●0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	*1st Dose to 2nd Dose:* 28 Days *2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):28 or More Days*

*#↗●**91306***	*Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use*	*#●0064A (Booster)*	*Moderna, Inc*	*Moderna COVID-19 Vaccine*	*80777-273-10* *80777-0273-10*	*Refer to FDA/CDC Guidance*
#↗●**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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	●0021A (1st Dose) ●0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
#↗●**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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	●0031A (Single Dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Not Applicable
#↗●**91304**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	●0041A (1st Dose) ●0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

October 5, 2021

Ezequiel Silva III, 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 Booster Dose (0004A, 0064A), Pfizer Tris-Sucrose Formulation (0051A, 0052A, 0053A, 0054A), and Pfizer Tris-Sucrose Formulation Age 5-11 (0071A, 0072A) Codes

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Nurses Association (ANA), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) Booster Dose, Pfizer Tris-Sucrose Formulation, and Pfizer Tris-Sucrose Formulation Age 5-11 codes as outlined below.

Please note that the Research Subcommittee has previously approved using a crosswalk methodology for valuing COVID-19 IA codes developed by the CPT Editorial Panel.

Booster Dose

0004A 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; booster dose

0064A 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, 50 mcg/0.25 mL dosage, booster dose

Pfizer Tris-Sucrose Formulation

0051A 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/0.3 mL dosage, tris-sucrose formulation; first dose

0052A 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/0.3 mL dosage, tris-sucrose formulation; second dose

0053A 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/0.3 mL dosage, tris-sucrose formulation; third dose

0054A 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/0.3 mL dosage, tris-sucrose formulation; booster dose

Pfizer Tris-Sucrose Formulation Age 5-11

0071A 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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

0072A 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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

COVID-19 Immunization Administration RUC Recommendations

To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on eleven (11) existing COVID-19 IA codes (0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A). This has established RUC precedents based on overarching crosswalking rationales, which can continue to be used to generate RUC recommendations for COVID-19 IA codes as they are developed.

Precedent: RUC Work Relative Value Unit and Time Recommendations

The RUC has approved the following for all eleven (11) existing COVID-19 IA codes:
0.20 wRVU, 7 minutes intra-service time

Precedent: RUC Direct Practice Expense Recommendations

The RUC has used the direct practice expense inputs approved in December 2020 (for codes 0001A-0002A, 0011A-0012A) as the template for all subsequent COVID-19 IA codes, with minor adjustments depending on the manufacturer's storage requirements and the specific dose.

AAFP-ACOG-ACP-ANA-AAP Expert Panel Work Recommendations for Codes 0004A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A

Based on the RUC work precedent, we recommend the following for these eight (8) COVID-19 IA codes:
0.20 wRVU
7 minutes intra-service time

AAFP-ACOG-ACP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for Codes 0004A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A

Based on the RUC practice expense precedent, we recommend applying the following for these eight (8) COVID-19 IA codes:

Overarching Direct Practice Expense Crosswalking Rationales:
Within a given vaccine manufacturer (eg, Pfizer, Moderna):

- Third dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*) [Note: Recommendations for 0003A and 0013A approved in August 2021 established this precedent.]
- Booster dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*)

Noted Exceptions:

- Pfizer tris-sucrose doses (0051A, 0052A, 0053A, 0054A, 0071A, 0072A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses

CPT Code	Vaccine Manufacturer (Formulation) (Pt Age)	Dose	RUC Direct PE Crosswalk	Adjustments to RUC Direct PE Crosswalk
0004A	Pfizer	B	0001A	Remove 2 minutes CA003 (*Patient record creation and demographic entry*)
0051A	Pfizer (tris-sucrose)	1	0001A	Remove ultra cold freezer from medical equipment
0052A	Pfizer (tris-sucrose)	2	0002A	Remove ultra cold freezer from medical equipment
0053A	Pfizer (tris-sucrose)	3	0001A	Remove 2 minutes CA003 (*Patient record creation and demographic entry*) Remove ultra cold freezer from medical equipment
0054A	Pfizer (tris-sucrose)	B	0001A	Remove 2 minutes CA003 (*Patient record creation and demographic entry*) Remove ultra cold freezer from medical equipment
0064A	Moderna	B	0011A	Remove 2 minutes CA003 (*Patient record creation and demographic entry*)
0071A	Pfizer (tris-sucrose) (5-11)	1	0001A	Remove ultra cold freezer from medical equipment Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric dose
0072A	Pfizer (tris-sucrose) (5-11)	2	0002A	Remove ultra cold freezer from medical equipment Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric dose

Thank you for your consideration.

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

Charles Hamori, MD
RUC Advisor
American College of Physicians

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

Korinne Van Keuren, DNP, MS, RN
HCPAC Advisor
American Nurses Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0004A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, diluent reconstituted; booster dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 33-year-old individual who was previously immunized with a primary series seeks booster 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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The booster 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0004A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0004A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0004A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0004A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0051A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, tris-sucrose formulation; first dose

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%

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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0051A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0051A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0051A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0051A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0052A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, tris-sucrose formulation; second dose

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%

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 and assess for adverse reactions to the prior administration of the COVID-19 vaccine. 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0052A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0052A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0002A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0052A	**Top Key Reference CPT Code:** 0002A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0052A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; second dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0053A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, tris-sucrose formulation; third dose

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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The third 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0053A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0053A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0053A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0053A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0054A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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/0.3 mL dosage, tris-sucrose formulation; booster dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 33-year-old individual who was previously immunized with a primary series seeks booster 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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The booster 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0054A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0054A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0054A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0054A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0064A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 50 mcg/0.25 mL dosage, booster dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 33-year-old individual who was previously immunized with a primary series seeks booster 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%

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 and assess for adverse reactions to the prior administrations of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The booster 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0064A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0064A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0011A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0064A	**Top Key Reference CPT Code:** 0011A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0064A, we recommend a crosswalk to 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0071A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent/guardian seeks immunization for their 8-year-old child against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent/guardian is offered and accepts, on the child's behalf, 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%

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 parent/guardian 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACP, AAP, ANA					
CPT Code:	0071A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0071A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0001A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0071A	**Top Key Reference CPT Code:** 0001A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0X71A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0072A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent/guardian seeks immunization for their 8-year-old child against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent/guardian is offered and accepts, on the child's behalf, 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%

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 and assess for adverse reactions to the prior administration of the COVID-19 vaccine. The parent/guardian 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

RUC Meeting Date (mm/yyyy)	10/2021					
Presenter(s):	Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACP, AAP, ANA					
CPT Code:	0072A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:						
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**0.00**			
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**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

CPT Code:	0072A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0002A	XXX	0.20	**RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0072A	**Top Key Reference CPT Code:** 0002A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0X72A, we recommend a crosswalk to CPT code 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/0.3 mL dosage, diluent reconstituted; second dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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	W
13	**ISSUE:** COVID-19 Immunization Administration Booster Sucrose Age 5-11																						
14	**TAB:** 24																						
15									RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF RUC REC 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, each			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 diagnosis (specify			0.024	0.023			0.21			9	2					5			2
22	December 2020 RUC	0001A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	1st Dose	0.029	0.029			0.20			7						7			
23	December 2020 RUC	0002A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	2nd Dose	0.029	0.029			0.20			7						7			
24	December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of severe	Moderna	1st Dose	0.029	0.029			0.20			7						7			
25	December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of severe	Moderna	2nd Dose	0.029	0.029			0.20			7						7			
26	January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of severe	AstraZeneca	1st Dose	0.029	0.029			0.20			7						7			
27	January 2021 RUC	0022A	XXX	Immunization administration by intramuscular injection of severe	AstraZeneca	2nd Dose	0.029	0.029			0.20			7						7			
28	February 2021 RUC	0031A	XXX	Immunization administration by intramuscular injection of severe	Janssen	Single Dose	0.029	0.029			0.20			7						7			
29	April 2021 RUC	0041A	XXX	Immunization administration by intramuscular injection of severe	Novavax	1st Dose	0.029	0.029			0.20			7						7			
30	April 2021 RUC	0042A	XXX	Immunization administration by intramuscular injection of severe	Novavax	1st Dose	0.029	0.029			0.20			7						7			
31	August 2021 RUC	0003A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	3rd Dose	0.029	0.029			0.20			7						7			
32	August 2021 RUC	0013A	XXX	Immunization administration by intramuscular injection of severe	Moderna	3rd Dose	0.029	0.029			0.20			7						7			
33	October 2021 RUC	0004A	XXX	Immunization administration by intramuscular injection of	Pfizer	Booster	0.029	0.029			0.20			7						7			
34	October 2021 RUC	0051A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	1st Dose	0.029	0.029			0.20			7						7			
35	October 2021 RUC	0052A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	2nd Dose	0.029	0.029			0.20			7						7			
36	October 2021 RUC	0053A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	3rd Dose	0.029	0.029			0.20			7						7			
37	October 2021 RUC	0054A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	Booster	0.029	0.029			0.20			7						7			
38	October 2021 RUC	0064A	XXX	Immunization administration by intramuscular injection of	Moderna	Booster	0.029	0.029			0.20			7						7			
39	October 2021 RUC	0071A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	5-11 1st Dose	0.029	0.029			0.20			7						7			
40	October 2021 RUC	0072A	XXX	Immunization administration by intramuscular injection of	Pfizer Tris-Sucrose	5-11 2nd Dose	0.029	0.029			0.20			7						7			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):0004A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A
SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, ANA, AAP
PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, 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)

Meeting Date: October 2021

CPT Code	Long Descriptor	Global Period
0004A	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/0.3 mL dosage, diluent reconstituted; booster dose	XXX
0051A	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/0.3 mL dosage, tris-sucrose formulation; first dose	XXX
0052A	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/0.3 mL dosage, tris-sucrose formulation; second dose	XXX
0053A	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/0.3 mL dosage, tris-sucrose formulation; third dose	XXX
0054A	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/0.3 mL dosage, tris-sucrose formulation; booster dose	XXX
0064A	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, 50 mcg/0.25 mL dosage, booster dose	XXX
0071A	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	XXX
0072A	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	XXX

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

CPT Code	Vignette
0004A	A 33-year-old individual who was previously immunized with a primary series seeks booster 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.
0051A	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.
0052A	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.
0053A	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.
0054A	A 33-year-old individual who was previously immunized with a primary series seeks booster 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.
0064A	A 33-year-old individual who was previously immunized with a primary series seeks booster 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.
0071A	A parent/guardian seeks immunization for their 8-year-old child against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent/guardian is offered and accepts, on the child's behalf, an intramuscular injection of SARS-CoV-2 vaccine for this purpose.
0072A	A parent/guardian seeks immunization for their 8-year-old child against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent/guardian is offered and accepts, on the child's behalf, 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/HCPAC 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*):

Pfizer Booster Doses
CPT code 0004A: We are utilizing CPT code 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) as our crosswalk code, removing 2 minutes from CA033 (*Patient record creation*

and demographic entry). Since CPT code 0004A represents a booster dose of the Pfizer COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0004A.

CPT code 0054A: We are utilizing CPT code 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) as our crosswalk code, removing 2 minutes from CA033 (*Patient record creation and demographic entry*). Since CPT code 0054A represents a booster dose of the Pfizer COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0054A. Furthermore, since CPT code 0054A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from CPT code 0054A.

Moderna Booster Dose

CPT code 0064A: We are utilizing 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 our crosswalk code, removing 2 minutes from CA033 (*Patient record creation and demographic entry*). Since CPT code 0064A represents a booster dose of the Moderna COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0064A.

Pfizer First Doses

CPT code 0051A: We are utilizing CPT code 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) as our crosswalk code. Since CPT code 0051A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from CPT code 0051A.

CPT code 0071A: We are utilizing CPT code 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) as our crosswalk code. Since CPT code 0071A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from CPT code 0071A. Furthermore, we have added 1 minute CA013 for clinical staff time typically required for reconstituting the pediatric dose (total CA013 for CPT code 0071A = 3 minutes).

Pfizer Second Doses

CPT code 0052A: We are utilizing CPT code 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) as our crosswalk code. Since CPT code 0052A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from CPT code 0052A.

CPT code 0072A: We are utilizing CPT code 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) as our crosswalk code. Since CPT code 0072A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from

CPT code 0072A. Furthermore, we have added 1 minute CA013 for clinical staff time typically required for reconstituting the pediatric dose (total CA013 for CPT code 0072A = 3 minutes).

Pfizer Third Dose

CPT code 0053A: We are utilizing CPT code 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) as our crosswalk code, removing 2 minutes from CA033 (*Patient record creation and demographic entry*). Since CPT code 0053A represents a third dose of the Pfizer COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0053A. Furthermore, since CPT code 0053A represents a tris-sucrose formulation that does not require ultra cold storage, we have removed the ultra cold freezer (Row 112) from CPT code 0053A.

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:
   CPT codes 0004A, 0052A, 0053A, 0054A, 0064A, 0072A: The 5 minutes reflect 1 minute for manually filling out the patient's vaccine card plus another 4 minutes of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs.
   CPT codes 0051A, 0071A: The 7 minutes reflect 1 minute for manually filling out the patient's vaccine card plus another 6 minutes of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs. The typical first dose patient will need new record creation in IIS, which typically takes 2 minutes to create and enter demographic information. Therefore, the 6 minutes 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).
   CA013:
   CPT codes 0071A, 0072A: We are recommending 1 additional minute for CA013 (*Prepare room, equipment, and supplies*) to account for the additional clinical staff time typically required to reconstitute

and prepare the pediatric dose. The Pfizer age 12+ vaccine requires the most complicated preparation in America. It is the only vaccine on the US ACIP schedule that requires reconstitution, is multidose, and uses the "nonstandard" dose size of 0.3 ml. With the introduction of the Pfizer age 5-11 vaccine, physician offices will be required to administer another vaccine without yet knowing the details of the preparation. While we believe that it will require dilution/reconstitution and be multidose, we have not been informed as to how many doses will be contained in a single vial. This leads to questions such as: What will the reconstitution recipe be? What volume will be given, and will it be the standard 0.5 ml or 0.3 ml or some other novel volume specific to this vaccine? For these reasons, we recommend 1 additional minute of CA013 to account for robust clinical staff safety checks.

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-19 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 to CA005) for CPT codes 0004A, 0051A, 0053A, 0054A, 0064A, 0071A, as they represent the first, third, or booster dose of the COVID-19 vaccine, which will be initially offered for certain high risk patient populations rather than to every individual eligible to receive the vaccine
- Due to risk of anaphylaxis with COVID-19 vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
- For CPT codes 0004A, 0052A, 0053A, 0054A, 0064A, 0072A: Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as required by state and federal regulations (4 minutes to CA033) (total of 5 minutes to CA033)
- For CPT codes 0051A, 0071A: Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as required by state and federal regulations (4 minutes to CA033) plus patient record creation and demographic entry (2 minutes to CA033) (total of 7 minutes to CA033)
- For CPT code 0004A only: Use of an ultra cold freezer for storing vaccine (NEW, line 112) (93% of total CST = 33 minutes) and use of a vaccine medical grade refrigerator (NEW, line 111) (7% of total CST = 2 minutes)
- For CPT codes 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A only: Use of a vaccine medical grade refrigerator (NEW, line 111) (100% of total CST)
- Each refrigerator requires a temperature monitor with alarm (ED043, line 107), which is accounted for in the total minutes for combined use of ultra cold freezer (CPT code 0004A only) and medical grade vaccine refrigerator (eg, Column AG: 35 minutes =2 minutes + 33 minutes)

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

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-19 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/guardian) 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.

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

11. If you have used a percentage of the physician intra-service work time other then 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 review. This is required by the CDC and local public health as the first, third, and booster doses of the COVID-19 vaccine will be delivered in tiers (2 minutes).

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. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No, we are not recommending a PE supply pack.

18. 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

19. 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:

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

CPT code 0004A: McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43) and freezer, under counter, ultra cold 3.7 cu ft ($16,516.36)
CPT codes 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A: McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43)

20. 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

21. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute 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

22. 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)

23. 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).
==========

CPT code 0004A Refrigerator/Freezer Allocation Calculation
Source: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 cold freezer
1 day in refrigerator

Ultra cold freezer = 13/14 = 93% of total CST for CPT code 0004A (0.93 x 35 = 32.55 ~ 33 minutes)
Refrigerator = 1/14 = 7% of total CST for CPT code 0004A (0.07 x 35 = 2.45 ~ 2 minutes)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. 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 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
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE			
2						90460		99072		0001A	
3		RUC Collaboration Website				October 2009		Sept 2020			
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	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		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		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	
5										Pfizer 1st Dose	
6		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.82	$ 0.37	$ 6.36	$ -	$ 15.18	$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0	30.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 6.66	$ 0.37	$ 4.07	$ -	$ 12.92	$ -
14		PRE-SERVICE PERIOD									
15		Start: Following visit when decision for surgery/procedure made									
16	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					1	
17	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37						
18	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37						
19	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37						
20	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3		2	
21	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
22	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
23	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					1	
27	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1					
28		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37						
29		End: When patient enters office/facility for surgery/procedure									
30		SERVICE PERIOD									
31		Start: When patient enters office/facility for surgery/procedure:									
32		Pre-Service (of service period)									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37					3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1	
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
46		Intra-service (of service period)									
47	CA018	Assist physician or other qualified healthcare professional during procedure/service	L037D	RN/LPN/MTA	0.37						
48	CA019	Assist physician or other qualified healthcare professional during procedure/service	L037D	RN/LPN/MTA	0.37						
49	CA020	Assist physician or other qualified healthcare professional during procedure/service	L037D	RN/LPN/MTA	0.37						
50	CA021	Perform procedure/service - NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	4				4	
55	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1					
57		Post-Service (of service period)									
58	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37					4	
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5		3	
61	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37						
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
66	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37						
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
68	CA032	Scan exam documents into PACS. Complete exam in RIS	L037D	RN/LPN/MTA	0.37						
69	CA033	Perform regulatory mandated quality assurance activity	L026A	Medical Tech Level 1 Assistant	0.26					7	
70	CA034	Document procedure (non-PACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					3	
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
72	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a	
75	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.	L037D	RN/LPN/MTA	0.37	3					
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4					
77		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37						
78		POST-SERVICE PERIOD									
79		Start: Patient leaves office/facility									
80	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0
81	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
82		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes	16								

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE			
2						90460		99072		0001A	
3		RUC Collaboration Website				October 2009		Sept 2020			
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	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		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		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	
5										Pfizer 1st Dose	
6		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.82	$ 0.37	$ 6.36	$ -	$ 15.18	$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0	30.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0	3.0	0.0
84		99212 27 minutes	27								
85		99213 36 minutes	36								
86		99214 53 minutes	53								
87		99215 63 minutes	63								
88	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0
89			L037D	RN/LPN/MTA	0.37						
92		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37						
95		End: with last office visit before end of global period									

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE			
2						90460		99072		0001A	
3		RUC Collaboration Website				October 2009		Sept 2020			
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	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		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		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	
5										Pfizer 1st Dose	
6		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.82	$ 0.37	$ 6.36	$ -	$ 15.18	$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0	30.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
97		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 1.00	$ -	$ 2.29	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0.43	item				3		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.4762	item		1				0	
100	SJ053	swab-pad, alcohol	0.0333	item		2				0	
101	SB022	gloves, non-sterile	0.246	pair		0.5				1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.3182	item		1				1	
103	SK057	paper, laser printing (each sheet)	0.0163	item		1				3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	1	computed per patient				1		0	
106	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 0.16	$ -	$ -	$ -	$ 1.65	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	1000		0.002653727	16				37	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock	2672.233		0.007091376	16					
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838					3	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	16,516.36	Default	0.043829902					34	
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											

	A	B	M	N	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet						RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0002A		0013A		0004A		0051A		0052A	
3		RUC Collaboration Website	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		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,		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/0.3 mL dosage, diluent reconstituted; booster dose		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/0.3 mL dosage, tris-sucrose formulation; first dose		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/0.3 mL dosage, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer 2nd Dose		Moderna 3rd Dose		Pfizer Booster		Pfizer Tris-Sucrose 1st Dose		Pfizer Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.76	$ -	$ 13.82	$ -	$ 14.59	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	33.0	0.0	35.0	0.0	35.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 11.66	$ -	$ 12.40	$ -	$ 12.40	$ -	$ 12.92	$ -	$ 11.66	$ -
14		PRE-SERVICE PERIOD										
15		Start: Following visit when decision for surgery/procedure m										
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)										
18	CA003	Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent										
20	CA005	Complete pre-procedure phone calls and prescription	0		2		2		2		0	
21	CA006	Confirm availability of prior images/studies										
22	CA007	Review patient clinical extant information and questionnaire										
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS										
28		*Other activity: please include short clinical description here and type new in column A*										
29		End: When patient enters office/facility for surgery/procedure										
30		SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedur										
32		Pre-Service (of service period)										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2	
38	CA014	Confirm order, protocol exam										
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
46		Intra-service (of service period)										
47	CA018	Assist physician or other qualified healthcare professional- direct physician to other qualified healthcare professional (120%)										
48	CA019	Assist physician or other qualified healthcare professional-										
49	CA020	Assist physician or other qualified healthcare professional-										
50	CA021	Perform procedure/service--NOT directly related to physician work time	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
57		Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking										
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026	Clean surgical instrument package										
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds										
66	CA030	Technologist QC's images in PACS, checking for all images for patient										
67	CA031	Review examination with interpreting MD/DO										
68	CA032	Scan exam documents into PACS. Complete exam in RIS										
69	CA033	Perform regulatory mandated quality assurance activity	5		5		5		7		5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3		3	
71	CA035	Review home care instructions, coordinate visits/prescriptions										
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
75	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.										
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78		POST-SERVICE PERIOD										
79		Start: Patient leaves office/facility										
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services										
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes										

	A	B	M	N	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet						RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0002A		0013A		0004A		0051A		0052A	
3		RUC Collaboration Website	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		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,		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/0.3 mL dosage, diluent reconstituted; booster dose		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/0.3 mL dosage, tris-sucrose formulation; first dose		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/0.3 mL dosage, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer 2nd Dose		Moderna 3rd Dose		Pfizer Booster		Pfizer Tris-Sucrose 1st Dose		Pfizer Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.76	$ -	$ 13.82	$ -	$ 14.59	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	33.0	0.0	35.0	0.0	35.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
84		99212 27 minutes										
85		99213 36 minutes										
86		99214 53 minutes										
87		99215 63 minutes										
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89												
92		*Other activity: please include short clinical description here and type new in column A*										
95		End: with last office visit before end of global period										

	A	B	M	N	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet						RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0002A		0013A		0004A		0051A		0052A	
3		RUC Collaboration Website	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		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.		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/0.3 mL dosage, diluent reconstituted; booster dose		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/0.3 mL dosage, tris-sucrose formulation; first dose		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/0.3 mL dosage, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer 2nd Dose		Moderna 3rd Dose		Pfizer Booster		Pfizer Tris-Sucrose 1st Dose		Pfizer Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.76	$ -	$ 13.82	$ -	$ 14.59	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	33.0	0.0	35.0	0.0	35.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0		0	
106	Equipment Code	EQUIPMENT										
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 1.49	$ -	$ 0.81	$ -	$ 1.58	$ -	$ 0.85	$ -	$ 0.76	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	33		35		35		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	2		35		2		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	31				33					
114												
115												
116												
117												
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126												
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128												

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0053A		0054A		0064A		0071A	
3		RUC Collaboration Website	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/0.3 mL dosage, tris-sucrose formulation; third dose		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/0.3 mL dosage, tris-sucrose formulation; booster dose		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, 50 mcg/0.25 mL dosage, booster dose		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA								
5			Pfizer Tris-Sucrose 3rd Dose		Pfizer Tris-Sucrose Booster		Moderna Booster		Pfizer 5-11 Tris-Sucrose 1st Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -	$ 13.82	$ -	$ 13.82	$ -	$ 14.78	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	38.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.40	$ -	$ 12.40	$ -	$ 12.40	$ -	$ 13.29	$ -
14		PRE-SERVICE PERIOD								
15		Start: Following visit when decision for surgery/procedure m								
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)								
18	CA003	Schedule space and equipment in facility								
19	CA004	Provide pre-service education/obtain consent								
20	CA005	Complete pre-procedure phone calls and prescription	2		2		2		2	
21	CA006	Confirm availability of prior images/studies								
22	CA007	Review patient clinical extant information and questionnaire								
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS								
28		*Other activity: please include short clinical description here and type new in column A*								
29		End: When patient enters office/facility for surgery/procedure								
30		SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedur								
32		Pre-Service (of service period)								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2		3	
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
41	CA017	Sedate/apply anesthesia								
46		Intra-service (of service period)								
47	CA018	Assist physician or other qualified healthcare professional- direct/in physician work time								
48	CA019	Assist physician or other qualified healthcare professional-								
49	CA020	Assist physician or other qualified healthcare professional-								
50	CA021	Perform procedure/service--NOT directly related to physician work time	4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS								
57		Post-Service (of service period)								
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking								
60	CA024	Clean room/equipment by clinical staff	3		3		3		3	
61	CA025	Clean scope								
62	CA026	Clean surgical instrument package								
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
64	CA028	Review/read post-procedure x-ray, lab and pathology reports								
65	CA029	Check dressings, catheters, wounds								
66	CA030	Technologist QC's images in PACS, checking for all images/views captured								
67	CA031	Review examination with interpreting MD/DO								
68	CA032	Scan exam documents into PACS. Complete exam in RIS								
69	CA033	Perform regulatory mandated quality assurance activity	5		5		5		7	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3	
71	CA035	Review home care instructions, coordinate visits/prescriptions								
72	CA036	Discharge day management	n/a		n/a		n/a		n/a	
75	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.								
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.								
77		End: Patient leaves office/facility								
78		POST-SERVICE PERIOD								
79		Start: Patient leaves office/facility								
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services								
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes								

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0053A		0054A		0064A		0071A	
3		RUC Collaboration Website	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/0.3 mL dosage, tris-sucrose formulation; third dose		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/0.3 mL dosage, tris-sucrose formulation; booster dose		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, 50 mcg/0.25 mL dosage, booster dose		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA								
5			Pfizer Tris-Sucrose 3rd Dose		Pfizer Tris-Sucrose Booster		Moderna Booster		Pfizer 5-11 Tris-Sucrose 1st Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -	$ 13.82	$ -	$ 13.82	$ -	$ 14.78	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	38.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
84		99212 27 minutes								
85		99213 36 minutes								
86		99214 53 minutes								
87		99215 63 minutes								
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89										
92		*Other activity: please include short clinical description here and type new in column A*								
95		End: with last office visit before end of global period								

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			0053A		0054A		0064A		0071A	
3		RUC Collaboration Website	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/0.3 mL dosage, tris-sucrose formulation; third dose		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/0.3 mL dosage, tris-sucrose formulation; booster dose		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, 50 mcg/0.25 mL dosage, booster dose		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA								
5			Pfizer Tris-Sucrose 3rd Dose		Pfizer Tris-Sucrose Booster		Moderna Booster		Pfizer 5-11 Tris-Sucrose 1st Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -	$ 13.82	$ -	$ 13.82	$ -	$ 14.78	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	38.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES								
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0	
106	Equipment Code	EQUIPMENT								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.81	$ -	$ 0.81	$ -	$ 0.81	$ -	$ 0.87	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35		35		35		38	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock								
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35		35		35		38	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft								
114										
115										
116										
117										
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										

	A	B	AU	AV
1	RUC Practice Expense Spreadsheet		RECOMMENDED	
2			0072A	
3		RUC Collaboration Website	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA		
5			Pfizer 5-11 Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility
7		GLOBAL PERIOD	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.43	$ -
9		TOTAL CLINICAL STAFF TIME	34.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.03	$ -
14		PRE-SERVICE PERIOD		
15		Start: Following visit when decision for surgery/procedure m		
16	CA001	Complete pre-service diagnostic and referral forms	1	
17	CA002	Coordinate pre-surgery services (including test results)		
18	CA003	Schedule space and equipment in facility		
19	CA004	Provide pre-service education/obtain consent		
20	CA005	Complete pre-procedure phone calls and prescription	0	
21	CA006	Confirm availability of prior images/studies		
22	CA007	Review patient clinical extant information and questionnaire		
23	CA008	Perform regulatory mandated quality assurance activity	1	
27	OLD	Prepare patient chart with appropriate CDC VIS		
28		*Other activity: please include short clinical description here and type new in column A*		
29		End: When patient enters office/facility for surgery/procedure		
30		SERVICE PERIOD		
31		Start: When patient enters office/facility for surgery/procedur		
32		Pre-Service (of service period)		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	
34	CA010	Obtain vital signs	0	
35	CA011	Provide education/obtain consent	3	
36	CA012	Review requisition, assess for special needs	1	
37	CA013	Prepare room, equipment and supplies	3	
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
46		Intra-service (of service period)		
47	CA018	Assist physician or other qualified healthcare professional - direct physician work (120%)		
48	CA019	Assist physician or other qualified healthcare professional - direct physician work (75%)		
49	CA020	Assist physician or other qualified healthcare professional -		
50	CA021	Perform procedure/service - NOT directly related to physician work time	4	
55	OLD	Provide patient/parent with appropriate CDC VIS		
57		Post-Service (of service period)		
58	CA022	Monitor patient following procedure/service, multitasking	4	
59	CA023	Monitor patient following procedure/service, no multitasking		
60	CA024	Clean room/equipment by clinical staff	3	
61	CA025	Clean scope		
62	CA026	Clean surgical instrument package		
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray		
64	CA028	Review/read post-procedure x-ray, lab and pathology reports		
65	CA029	Check dressings, catheters, wounds		
66	CA030	Technologist QC's images in PACS, checking for all		
67	CA031	Review examination with interpreting MD/DO		
68	CA032	Scan exam documents into PACS. Complete exam in RIS		
69	CA033	Perform regulatory mandated quality assurance activity	5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3	
71	CA035	Review home care instructions, coordinate visits/prescriptions		
72	CA036	Discharge day management	n/a	
75	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.		
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.		
77		End: Patient leaves office/facility		
78		POST-SERVICE PERIOD		
79		Start: Patient leaves office/facility		
80	CA037	Conduct patient communications	3	0
81	CA038	Coordinate post-procedure services		
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits
83		99211 16 minutes		

	A	B	AU	AV
1	RUC Practice Expense Spreadsheet		RECOMMENDED	
2			0072A	
3		RUC Collaboration Website	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA		
5			Pfizer 5-11 Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility
7		GLOBAL PERIOD	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.43	$ -
9		TOTAL CLINICAL STAFF TIME	34.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0
84		99212 27 minutes		
85		99213 36 minutes		
86		99214 53 minutes		
87		99215 63 minutes		
88	CA039	Post-operative visits (total time)	0.0	0.0
89				
92		*Other activity: please include short clinical description here and type new in column A*		
95		End: with last office visit before end of global period		

	A	B	AU	AV
1	RUC Practice Expense Spreadsheet		RECOMMENDED	
2			0072A	
3		RUC Collaboration Website	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: October 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Booster Sucrose Age 5-11 Specialties: AAFP, ACOG, ACP, AAP, ANA		
5			Pfizer 5-11 Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility
7		GLOBAL PERIOD	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.43	$ -
9		TOTAL CLINICAL STAFF TIME	34.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES		
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -
98	SB033	mask, surgical	0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0	
100	SJ053	swab-pad, alcohol	0	
101	SB022	gloves, non-sterile	1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1	
103	SK057	paper, laser printing (each sheet)	3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0	
106	Equipment Code	EQUIPMENT		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.78	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	34	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock		
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	34	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft		
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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, 91304, 91305, 91306, 91307) to their associated immunization administration codes (0004A, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A), 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, 0003A, 004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91302, 91303, 91304, 91305, 91306, and 91307 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/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01	1st Dose to 2nd Dose: 21 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
	mL dosage, tris-sucrose formulation, for intramuscular use	0054A (Booster)				2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 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/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Not Applicable
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

AMA
AMERICAN MEDICAL ASSOCIATION

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November 16, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations on COVID-19 Immunization Administration

Dear Administrator Brooks-LaSure,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) appreciates the opportunity to submit the enclosed recommendation for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). This recommendation relates to new code, 0034A, which describes immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine. This code describes the Janssen booster.

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

Sincerely,

Ezequiel Silva III, MD
RUC Chair

Enclosures
cc: RUC Participants
Perry Alexion, MD
Larry Chan
Arkaprava Deb, MD
Edith Hambrick, MD
Ryan Howe
Scott Lawrence
Karen Nakano, MD
Michael Soracoe
Gift Tee

AMA/Specialty Society RVS Update Committee Summary of Recommendations

November 2021

SARS-CoV-2-Immunization Administration-Janssen Booster

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 (i.e., 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 (i.e., 100 mcg/0.5mL dosage).

On December 14, 2020, the CPT Editorial Panel created two codes to describe immunization administration 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.

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, which only requires a single dose.

On April 5, 2021, the CPT Editorial Panel created two codes to describe immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. Codes 0041A and 0042A are used to report the administration of the first and second dose of the Novavax vaccine.

On July 30, 2021, the CPT Editorial Panel created new code 0003A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the Pfizer-BioNTech third dose, for specific populations such as immunocompromised individuals. Subsequently on August 16, 2021, the CPT Editorial Panel created new code 0013A to describe the immunization administration injection for COVID-19 vaccine for the Moderna third dose, for specific populations such as immunocompromised individuals.

On September 3, 2021, the CPT Editorial Panel created six new codes to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccines. CPT codes 0051A, 0052A and 0053A are used to report the first, second and third dose for the Pfizer-BioNTech tris-sucrose formulation, which does not require the ultra-cold freezer. CPT codes 0004A and 0054A are used to report immunization administration of the booster doses of the Pfizer-BioNTech for both formulations and CPT code 0064A is used to report the immunization administration of the Moderna booster dose.

On October 6, 2021, the CPT Editorial Panel created two new codes to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the pediatric population, ages 5-11. CPT codes 0071A and 0072A are used to report the first and second dose administration of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted).

On October 20, 2021, the CPT Panel created new code 0034A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the Janssen booster dose.

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 six 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 support 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.

0034A *SARS-CoV-2-Immunization Administration – Janssen Booster*
The RUC reviewed the specialty society recommendations for 0034A, Janssen booster, and determined it should be valued the same as the previous first, second and third doses of all other COVID-19 immunization administration codes with a work RVU of 0.20. 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 vaccines requiring booster doses, the total physician work resources required for the booster dose should be equivalent to those required for the first dose to account for the instances in which a patient may not return to the same physician or even the same physician group for the booster dose administration. Valuation must account for any necessary physician work to confirm the details of a patient's prior dose(s), including adverse reactions. The specialty societies indicated, and the RUC agreed, that all doses and formulations require 7 minutes of physician time. Clinical experience indicates that the physician involvement required to address questions regarding adverse side effects are the same for all doses. Therefore, the RUC agreed that there is no difference in physician work between the administration of any booster doses or pediatric doses nor is there any difference in physician work or time to administer a single dose of the Pfizer-BioNTech (either formulation), Moderna, AstraZeneca, Janssen or Novavax immunizations. The RUC recommends the booster dose of Janssen COVID-19 IA be valued the same as the first, second, third and booster doses of the previous established COVID-19 immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A 0071A and 0072A). **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0034A.**

Practice Expense
The Practice Expense (PE) Subcommittee thoroughly and extensively discussed the practice expense inputs involved with the COVID-19 immunization administration codes in the physician office setting in its December 2020 review of the first and second dose of the Pfizer-BioNTech and Moderna IA codes and determined the same direct inputs apply to the Janssen COVID 19 immunization administration. The Subcommittee compared the direct PE inputs for the new IA codes with former CPT code 90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed [SUNSET]* 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 Public Health Emergency (PHE).**

The specialty societies emphasized that though the clinical staff activities may be like other vaccination codes, the typical amount of clinical staff time for COVID-19 immunization administration 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 COVID-19 immunization administration codes. There was agreement that 2 minutes was appropriate for the first dose of the vaccines to identify and contact appropriate patients and schedule immunization. The PE Subcommittee agreed that any third doses and boosters will mirror the first dose for this clinical activity. Therefore, 2 minutes is appropriate for CA005 *Complete pre-procedure phone calls and prescription* to identify and contact appropriate patients and schedule the immunization for the first, third or booster dose of the COVID-19 vaccines.

For pediatric age 5-11 COVID-19 IA codes 0071A and 0072A, 1 additional minute, totaling 3 minutes, was added for CA013 *Prepare room, equipment and supplies* to allow for clinical staff to reconstitute the vaccine for pediatric doses.

The recommendation for CA033 *Perform regulatory mandated quality assurance activity (service period)* remained as L026A *Medical/Technical Assistant* for this type of registry. The first dose of all COVID-19 IA is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 IA codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A) since the patient record creation and demographic entry has already been established.

Three minutes 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. This is the same for all COVID-19 IA vaccines and doses. The CDC recommends 15 minutes of monitoring the patient following the administration of each dose for all COVID-19 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 for CA022 *Monitor patient following procedure/service, multitasking 1:4*. A follow-up phone call from the patient to the practice to discuss symptoms or address questions was accepted as typical, 3 minutes CA037 *Conduct patient communications*.

The PE Subcommittee extensively discussed the supply and equipment inputs associated with the initial Pfizer, Moderna, AstraZeneca, Janssen and Novavax immunization administration codes. The same supplies are recommended for all COVID-19 IA codes including the previous adjustment, which includes 3 sheets of SK057 *paper, laser printing (each sheet)*. 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, the Moderna COVID VIS is 5 pages and the Janssen COVID VIS is 6 pages. It is anticipated that future COVID VIS will follow suit. **Therefore, the Practice Subcommittee recommends SK057 accordingly (i.e., 3 sheets of laser paper, printed double sided) for all COVID IA codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A and 0072A).** The remaining supplies recommended are: SG021 *bandage, strip 0.75in x 3in (Bandaid)* and SB022 *gloves, non-sterile* and exclude any 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 PE Subcommittee recommended new equipment item *refrigerator, vaccine medical grade, w-data logger sngl glass door* for all COVID-19 immunization administration codes and new equipment item *freezer, under counter, ultra-cold 3.7 cu ft.* is recommended for the Pfizer BioNTech immunization administration codes (0001A, 0002A, 0003A and 0004A). 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 refrigerators and monitor would be typical medical equipment for the all COVID-19 immunization administration codes. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology/New Services
The RUC recommends that all COVID Immunization Administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A and 0072A) 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
Category I **Evaluation and Management** **Preventive Medicine Services** 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, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A*, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A. For vaccine/toxoid products, see 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307. **Medicine** **Immunization Administration for Vaccines/Toxoids** Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A*, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307). Report codes 90460 and 90461 only when the physician or other 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 other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.) Report 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A*, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A 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, 91304, 91305, 91306, 91307), 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, 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, 91302, 91303, 91304, 91305, 91306, 91307, 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 90476-90759 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, 91304, 91305, 91306, 91307, 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 90476-90759 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, 91304, 91305, 91306, 91307, 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 90476-90759 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/0.3 mL dosage, diluent reconstituted; first dose*
●0002A	*second dose*
●0003A	*third dose*
●0004A	*booster dose*
	(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)
	(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307)
#●0051A	*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/0.3 mL dosage, tris-sucrose formulation; first dose*
#●0052A	*second dose*
#●0053A	*third dose*
#●0054A	*booster dose*
	(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)
	(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307)

#●*0071A*	*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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose*
#●*0072A*	*second dose*
	(Report 0071A, 0072A for the administration of vaccine 91307)
	(Do not report 0071A, 0072A in conjunction with 91300, 91305)
●*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/0.5 mL dosage; first dose*
●*0012A*	*second dose*
●*0013A*	*third dose*
	(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)
#●*0064A*	*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, 50 mcg/0.25 mL dosage, booster dose*
	(Report 0064A for the administration of vaccine 91306)
●*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, $5x10^{10}$ viral particles/0.5 mL dosage; first dose*
●*0022A*	*second dose*
	(Report 0021A, 0022A for the administration of vaccine 91302)
▲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, $5x10^{10}$ viral particles/0.5 mL dosage~~,~~; single dose

●0034A	W1	booster dose (Report 0031A, 0034A for the administration of vaccine 91303)	XXX	0.20

●*0041A* *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose*

●*0042A* *second dose*

(Report 0041A, 0042A for the administration of vaccine 91304)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↙ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↙ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ↙ symbol.

Codes 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307 identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474).To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes (91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307) should be reported with the corresponding immunization administration code (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A). All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors, vaccine administration codes, vaccine manufacturer, vaccine name(s), 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.

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The "when administered to" age descriptions included in CPT vaccine codes are not intended to identify a product's licensed age indication. The term "preservative free" includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product's prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307 reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, and 0053A represent the administration of a third dose when the initial immune response following a two-dose primary vaccine series is likely to be insufficient (eg, immunocompromised patient). In contrast, the booster dose codes 0004A, 0034A, 0054A, and 0064A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.

(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365-96375)

#● *91300* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use*

(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)

Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A*)*

#➶● *91305* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*

	(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)
	Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A*)*
#✓●91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
	(Report 91307 with administration codes 0071A, 0072A)
	(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A)
#●91301	*Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use*
	(Report 91301 with administration codes 0011A, 0012A, 0013A)
#✓●91306	*Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use*
	(Report 91306 with administration code 0064A)
#✓●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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*
	(Report 91302 with administration codes 0021A, 0022A)
#●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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use*
	(Report 91303 with administration code 0031A, 0034A)
#✓●91304	*Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use*
	(Report 91304 with administration codes 0041A, 0042A)
90476	*Adenovirus vaccine, type 4, live, for oral use*
Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	
Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)	

96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A)

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, 91304, 91305, 91306, 91307) to their associated immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A), 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, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, *0034A,* 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A and 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307 can be found in the **Immunization Administration for Vaccines/Toxoids** and **Vaccines, Toxoids** guidelines in the **Medicine** section of the CPT code set.

Appendix Q

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

Vaccine Code		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/0.3 mL dosage, diluent reconstituted, for intramuscular use	●0001A (1st Dose) ●0002A (2nd Dose) ●0003A (3rd Dose) ●0004A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine/ Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
#🗲●**91305**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP,	#●0051A (1st Dose) #●0052A (2nd Dose) #●0053A (3rd Dose) #●0054A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01	1st Dose to 2nd Dose: 21 Days

	spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use					2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
#↗●**91307**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	#●0071A (1st Dose) #●0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 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/0.5 mL dosage, for intramuscular use	●0011A (1st Dose) ●0012A (2nd Dose) ●0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
#↗●**91306**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	#●0064A (Booster)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance
#↗●**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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	●0021A (1st Dose) ●0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days

●**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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	●0031A (Single Dose) *●0034A (Booster)*	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	~~Not Applicable~~ *Booster:* *Refer to FDA/CDC Guidance*
#↗●**91304**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	●0041A (1st Dose) ●0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

November 5, 2021

Ezequiel Silva III, 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 Janssen Booster Dose (0034A)

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Nurses Association (ANA), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) Janssen Booster Dose.

Please note that the Research Subcommittee has previously approved using a crosswalk methodology for valuing COVID-19 IA codes developed by the CPT Editorial Panel.

0034A 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, $5x10^{10}$ viral particles/0.5 mL dosage; booster dose

COVID-19 Immunization Administration RUC Recommendations

To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on nineteen (19) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A). This has established RUC precedents based on overarching crosswalking rationales, which can continue to be used to generate RUC recommendations for COVID-19 IA CPT codes as they are developed.

During the October 2021 RUC meeting, the following precedents were approved:

Precedent: RUC Work Relative Value Unit and Time Recommendations

0.20 wRVU
7 minutes intra-service time

Precedent: RUC Direct Practice Expense Recommendations

The RUC has used the direct practice expense inputs approved in December 2020 (for CPT codes 0001A-0002A, 0011A-0012A) as the template for all subsequent COVID-19 IA CPT codes, with minor adjustments depending on the manufacturer's storage requirements and the specific dose.

Overarching Direct Practice Expense Crosswalking Rationales

Within a given vaccine manufacturer (eg, Pfizer, Moderna):

- Third dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*) [Note: RUC August 2021 recommendations for CPT codes 0003A and 0013A established this precedent.]

- Booster dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*)

Noted Exceptions

- Pfizer tris-sucrose doses (0051A, 0052A, 0053A, 0054A, 0071A, 0072A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses

AAFP-ACOG-ACP-ANA-AAP Expert Panel Work Recommendations for CPT Code 0034A
Based on the RUC work precedent, we recommend the following for CPT code 0034A:
0.20 wRVU
7 minutes intra-service time

AAFP-ACOG-ACP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Code 0034A
Based on the RUC practice expense precedent, we recommend applying the following for CPT code 0034A:

CPT Code	Vaccine Manufacturer (Formulation) (Pt Age)	Dose	RUC Direct PE Crosswalk	Adjustments to RUC Direct PE Crosswalk
0034A	Janssen	B	0031A	Remove 2 minutes CA003 (*Patient record creation and demographic entry*)

Thank you for your consideration.

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

Charles Hamori, MD
RUC Advisor
American College of Physicians

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

Korinne Van Keuren, DNP, MS, RN
HCPAC Advisor
American Nurses Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0034A Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.20**

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, 5x10^10 viral particles/0.5 mL dosage; booster dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 33-year-old individual who was previously immunized with a primary series seeks booster 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%

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 and assess for adverse reactions to the prior administration of the COVID-19 vaccine. The patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The booster 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

RUC Meeting Date (mm/yyyy)	11/2021					
Presenter(s):	Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN					
Specialty Society(ies):	AAFP, ACOG, ACP, AAP, ANA					
CPT Code:	0034A					
Sample Size:	0	**Resp N:**	0			
Description of Sample:	Panel					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

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

CPT Code:	0034A	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

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

Key CPT Code	Global	Work RVU	Time Source
0031A	XXX	0.20	**RUC Time**

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, 5x1010 viral particles/0.5 mL dosage; single dose

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,684,197

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	532,709

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0034A	**Top Key Reference CPT Code:** 0031A	**2nd Key Reference CPT Code:** ____
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
Median Total Time	**7.00**	**7.00**	**0.00**
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.

Top 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			

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 IWPUT 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 0034A, we recommend a crosswalk to CPT code 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, $5x10^{10}$ viral particles/0.5 mL dosage; single dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: COVID-19 Immunization Administration Janssen Booster

TAB:

								RVW					Total	PRE-TIME			INTRA-TIME					IMMD
Source	CPT	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any route of administration, with			0.029	0.029			0.20			7						7			
2021 CMS	90460	XXX	Immunization administration through 18 years of age via any			0.024	0.024			0.17			7						7			
	96411	ZZZ	Chemotherapy administration; intravenous, push technique, each			0.033	0.029			0.20			7	3					4			
	99188	XXX	Application of topical fluoride varnish by a physician or other			0.022	0.022			0.20			9	2					5			2
	96365	XXX	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify			0.024	0.023			0.21			9	2					5			2
December 2020 RUC	0001A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	1st Dose	0.029	0.029			0.20			7						7			
December 2020 RUC	0002A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	2nd Dose	0.029	0.029			0.20			7						7			
December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of severe	Moderna	1st Dose	0.029	0.029			0.20			7						7			
December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of severe	Moderna	2nd Dose	0.029	0.029			0.20			7						7			
January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of severe	AstraZeneca	1st Dose	0.029	0.029			0.20			7						7			
January 2021 RUC	0022A	XXX	Immunization administration by intramuscular injection of severe	AstraZeneca	2nd Dose	0.029	0.029			0.20			7						7			
February 2021 RUC	0031A	XXX	Immunization administration by intramuscular injection of severe	Janssen	1st Dose	0.029	0.029			0.20			7						7			
April 2021 RUC	0041A	XXX	Immunization administration by intramuscular injection of severe	Novavax	1st Dose	0.029	0.029			0.20			7						7			
April 2021 RUC	0042A	XXX	Immunization administration by intramuscular injection of severe	Novavax	1st Dose	0.029	0.029			0.20			7						7			
August 2021 RUC	0003A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	3rd Dose	0.029	0.029			0.20			7						7			
August 2021 RUC	0013A	XXX	Immunization administration by intramuscular injection of severe	Moderna	3rd Dose	0.029	0.029			0.20			7						7			
October 2021 RUC	0004A	XXX	Immunization administration by intramuscular injection of severe	Pfizer	Booster	0.029	0.029			0.20			7						7			
October 2021 RUC	0051A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	1st Dose	0.029	0.029			0.20			7						7			
October 2021 RUC	0052A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	2nd Dose	0.029	0.029			0.20			7						7			
October 2021 RUC	0053A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	3rd Dose	0.029	0.029			0.20			7						7			
October 2021 RUC	0054A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	Booster	0.029	0.029			0.20			7						7			
October 2021 RUC	0064A	XXX	Immunization administration by intramuscular injection of severe	Moderna	Booster	0.029	0.029			0.20			7						7			
October 2021 RUC	0071A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	5-11 1st Dose	0.029	0.029			0.20			7						7			
October 2021 RUC	0072A	XXX	Immunization administration by intramuscular injection of severe	Pfizer Tris-Sucrose	5-11 2nd Dose	0.029	0.029			0.20			7						7			
November 2021 RUC	0034A	XXX	Immunization administration by intramuscular injection of	Janssen	Booster	0.029	0.029			0.20			7						7			

NOTE: Yellow highlighted codes are the ones being considered now.

CPT Code or HCPCS Code	CPT or HCPCS Short Descriptor	Labeler Name	RUC Meeting	RUC Recommended Crosswalk
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	December 2020 (Interim)	90460 (from October 2009 RUC meeting)
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	December 2020 (Interim)	90460 (from October 2009 RUC meeting)
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Pfizer	August 2021 (Interim)	0001A
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Pfizer	October 2021	0001A
0011A	ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna	December 2020 (Interim)	90460 (from October 2009 RUC meeting)
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna	December 2020 (Interim)	90460 (from October 2009 RUC meeting)
0013A	ADM SARSCOV2 100MCG/0.5ML 3RD	Moderna	August 2021 (Interim)	0011A
0021A	ADM SARSCOV2 5X10^10VP/.5ML 1	AstraZeneca	January 2021	0011A
0022A	ADM SARSCOV2 5X10^10VP/.5ML 2	AstraZeneca	January 2021	0012A

NOTE: Yellow highlighted codes are the ones being considered now.

CPT Code or HCPCS Code	CPT or HCPCS Short Descriptor	Labeler Name	RUC Meeting	RUC Recommended Crosswalk
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	February 2021 (Interim)	0021A
0034A	ADM SARSCOV2 VAC AD26 .5ML B	Janssen	November 2021 (Interim)	0031A
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	Novavax	April 2021	0021A
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	Novavax	April 2021	0022A
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	Pfizer	October 2021	0001A
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	Pfizer	October 2021	0002A
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	Pfizer	October 2021	0001A
0054A	ADM SARSCV2 30MCG TRS-SUCR B	Pfizer	October 2021	0001A
0064A	ADM SARSCOV2 50MCG/0.25MLBST	Moderna	October 2021	0011A

NOTE: Yellow highlighted codes are the ones being considered now.

CPT Code or HCPCS Code	CPT or HCPCS Short Descriptor	Labeler Name	RUC Meeting	RUC Recommended Crosswalk
0071A	ADM SARSCV2 10MCG DIL REC TRS-SUCR 1	Pfizer	October 2021	0001A
0072A	ADM SARSCV2 10MCG DIL REC TRS-SUCR 2	Pfizer	October 2021	0002A

Approved During the October 2021 RUC Meeting

Overarching Crosswalking Rationales:

Within a given vaccine manufacturer code family (eg, Pfizer, Moderna):

- Third dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*) [Note: RUC August 2021 recommendations for 0003A and 0013A established this precedent.]
- Booster dose → Crosswalked from first dose less 2 minutes CA033 (*Patient record creation and demographic entry*)

Noted Exceptions:

- Pfizer sucrose doses (0051A, 0052A, 0053A, 0054A, 0071A, 0072A): Remove ultra cold freezer from medical equipment
- Pfizer pediatric doses (0071A, 0072A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) to account for the additional clinical staff time typically required to reconstitute and prepare the pediatric dose

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):0034A**
SPECIALTY SOCIETY(IES): AAFP, ACOG, ACP, ANA, AAP
PRESENTER(S): Megan Adamson, MD; Jon Hathaway, MD; Charles Hamori, 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)

Meeting Date: November 2021

CPT Code	Long Descriptor	Global Period
0034A	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, $5x10^{10}$ viral particles/0.5 mL dosage; booster dose	XXX

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

CPT Code	Vignette
0034A	A 33-year-old individual who was previously immunized with a primary series seeks booster 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/HCPAC 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 code 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, $5x10^{10}$ viral particles/0.5 mL dosage; single dose) as our crosswalk code, removing 2 minutes from CA033 (*Patient record creation and demographic entry*). Since CPT code 0034A represents a booster dose of the Janssen COVID-19 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0034A.

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?

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

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 5 minutes reflect 1 minute for manually filling out the patient's vaccine card plus another 4 minutes of logging required information into the registry (eg, IIS, VAMS) and maintaining vaccine refrigerator/freezer temperature logs.
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).

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-19 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 to CA005) for CPT code 0034A, as it represents the booster dose of the COVID-19 vaccine, which will be initially offered for certain high risk patient populations rather than to every individual eligible to receive the vaccine
- Due to risk of anaphylaxis with COVID-19 vaccine, post-procedure monitoring multitasking 1:4 (4 minutes to CA022)
- Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as required by state and federal regulations (4 minutes to CA033) (total of 5 minutes to CA033)
- Use of a vaccine medical grade refrigerator (NEW, line 112) (100% of total CST)
- Each refrigerator requires a temperature monitor with alarm (ED043, line 108), which is accounted for in the total minutes for use of the vaccine medical grade refrigerator

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-19 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/guardian) 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 then 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*):

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

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 review. This is required by the CDC and local public health as the first, third, and booster doses of the COVID-19 vaccine will be delivered in tiers (2 minutes).

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. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No, we are not recommending a PE supply pack.

18. 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

19. 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 sngl glass door ($7,674.43)

20. 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

21. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute 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

22. 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)

23. 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 108 (SD043): While its description begins with "refrigerator, vaccine," it is the *temperature monitor with alarm* for the vaccine medical grade refrigerator (NEW, line 112).

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. 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 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
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE	
2						90460		99072	
3		RUC Collaboration Website				October 2009		Sept 2020	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	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		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	
5									
6		LOCATION				Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.82	$ 0.37	$ 6.36	$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 6.66	$ 0.37	$ 4.07	$ -
14		PRE-SERVICE PERIOD							
15		Start: Following visit when decision for surgery/procedure made							
16	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
17	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
18	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
19	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
20	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3	
21	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
22	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
23	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37				
27	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1			
28		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37				
29		End: When patient enters office/facility for surgery/procedure							
30		SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32		Pre-Service (of service period)							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3			
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
46		Intra-service (of service period)							
47	CA018	Assist physician or other qualified healthcare professional (<20%)	L037D	RN/LPN/MTA	0.37				
48	CA019	Assist physician or other qualified healthcare professional (20%)	L037D	RN/LPN/MTA	0.37				
49	CA020	Assist physician or other qualified healthcare professional (>20%)	L037D	RN/LPN/MTA	0.37				
50	CA021	Perform procedure/service--NOT directly related to physician's work time	L037D	RN/LPN/MTA	0.37	4			
55	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1			
57		Post-Service (of service period)							
58	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.37				
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
60	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		5	
61	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37				
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
65	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
66	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37				
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
68	CA032	Scan exam documents into PACS. Complete exam in PACS,	L037D	RN/LPN/MTA	0.37				
69	CA033	Perform regulatory mandated quality assurance activity (documented)	L026A	Medical Technologist Assistant	0.26				
70	CA034	Document procedure (non-PACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37				
71	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37				
72	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a	
75	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	L037D	RN/LPN/MTA	0.37	3			
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.37	4			
77		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37				
78		POST-SERVICE PERIOD							
79		Start: Patient leaves office/facility							
80	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1		
81	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
82		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits
83		99211 16 minutes	16						
84		99212 27 minutes	27						
85		99213 36 minutes	36						
86		99214 53 minutes	53						
87		99215 63 minutes	63						
88	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0
89			L037D	RN/LPN/MTA	0.37				
92		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.37				
95		End: with last office visit before end of global period							

	A	B	D	E	F	G	H	I	J
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE	
2						90460		99072	
3		RUC Collaboration Website				October 2009		Sept 2020	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	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		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	
5									
6		LOCATION				Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.82	$ 0.37	$ 6.36	$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0
96	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
97		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 1.00	$ -	$ 2.29	$ -
98	SB033	mask, surgical	0.43	item				3	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.4762	item		1			
100	SJ053	swab-pad, alcohol	0.0333	item		2			
101	SB022	gloves, non-sterile	0.246	pair		0.5			
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.3182	item		1			
103	SK057	paper, laser printing (each sheet)	0.0163	item		1			
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	1	computed per patient				1	
106	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 0.16	$ -	$ -	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	1000		0.002653727	16			
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock	2672.233		0.007091376	16			
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838				
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	16,516.36	Default	0.043829902				
114									
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	A	B	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet													
2			0001A		0002A		0011A		0012A		0021A		0022A	
3		RUC Collaboration Website	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		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		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		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		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,		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,	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA												
5			Pfizer 1st Dose		Pfizer 2nd Dose		Moderna 1st Dose		Moderna 2nd Dose		AstraZeneca 1st Dose		AstraZeneca 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 15.18	$ -	$ 13.76	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -	$ 11.66	$ -	$ 12.92	$ -	$ 11.66	$ -
14		PRE-SERVICE PERIOD												
15		Start: Following visit when decision for surgery/procedure m												
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)												
18	CA003	Schedule space and equipment in facility												
19	CA004	Provide pre-service education/obtain consent												
20	CA005	Complete pre-procedure phone calls and prescription	2		0		2		0		2		0	
21	CA006	Confirm availability of prior images/studies												
22	CA007	Review patient clinical extant information and questionnaire												
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS												
28		*Other activity: please include short clinical description here and type new in column A*												
29		End: When patient enters office/facility for surgery/procedur												
30		SERVICE PERIOD												
31		Start: When patient enters office/facility for surgery/procedu												
32		Pre-Service (of service period)												
33	CA009	Greet patient, provide gowning, ensure appropriate medical record are available	3		3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2		2	
38	CA014	Confirm order, protocol exam												
39	CA015	Setup scope (nonfacility setting only)												
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient												
41	CA017	Sedate/apply anesthesia												
46		Intra-service (of service period)												
47	CA018	Assist physician or other qualified healthcare professional												
48	CA019	Assist physician or other qualified healthcare professional												
49	CA020	Assist physician or other qualified healthcare professional												
50	CA021	Perform procedure/service—NOT directly related to administering medication	4		4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS												
57		Post-Service (of service period)												
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking												
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3		3	
61	CA025	Clean scope												
62	CA026	Clean surgical instrument package												
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray												
64	CA028	Review/read post-procedure x-ray, lab and pathology reports												
65	CA029	Check dressings, catheters, wounds												
66	CA030	Technologist QC's images in PACS, checking for all												
67	CA031	Review examination with interpreting MD/DO												
68	CA032	Scan exam documents into PACS. Complete exam in PACS,												
69	CA033	Perform regulatory mandated quality assurance activity	7		5		7		5		7		5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3		3		3	
71	CA035	Review home care instructions, coordinate												
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a		n/a	
75	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.												
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.												
77		End: Patient leaves office/facility												
78		POST-SERVICE PERIOD												
79		Start: Patient leaves office/facility												
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services												
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes												
84		99212 27 minutes												
85		99213 36 minutes												
86		99214 53 minutes												
87		99215 63 minutes												
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89														
92		*Other activity: please include short clinical description here and type new in column A*												
95		End: with last office visit before end of global period												

	A	B	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet													
2			0001A		0002A		0011A		0012A		0021A		0022A	
3		RUC Collaboration Website	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		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		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		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		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,		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,	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA												
5			Pfizer 1st Dose		Pfizer 2nd Dose		Moderna 1st Dose		Moderna 2nd Dose		AstraZeneca 1st Dose		AstraZeneca 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 15.18	$ -	$ 13.76	$ -	$ 14.38	$ -	$ 13.03	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES												
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0		0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0		0		0	
106	Equipment Code	EQUIPMENT												
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 1.65	$ -	$ 1.49	$ -	$ 0.85	$ -	$ 0.76	$ -	$ 0.85	$ -	$ 0.76	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	37		33		37		33		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock												
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	3		2		37		33		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	34		31									
114														
115														
116														
117														
118														
119														
120														
121														
122														
123														
124														
125														
126														
127														
128														

	A	B	W	X	Y	Z	AA	AB
1	RUC Practice Expense Spreadsheet							
2			0031A		0041A		0042A	
3		RUC Collaboration Website	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^{10} viral particles/0.5mL dosage; single dose		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA						
5			Janssen Single Dose		Novavax 1st Dose		Novavax 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.92	$ -	$ 12.92	$ -	$ 11.66	$ -
14		PRE-SERVICE PERIOD						
15		Start: Following visit when decision for surgery/procedure m						
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)						
18	CA003	Schedule space and equipment in facility						
19	CA004	Provide pre-service education/obtain consent						
20	CA005	Complete pre-procedure phone calls and prescription	2		2		0	
21	CA006	Confirm availability of prior images/studies						
22	CA007	Review patient clinical extant information and questionnaire						
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS						
28		*Other activity: please include short clinical description here and type new in column A*						
29		End: When patient enters office/facility for surgery/procedur						
30		SERVICE PERIOD						
31		Start: When patient enters office/facility for surgery/procedu						
32		Pre-Service (of service period)						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3		3	
34	CA010	Obtain vital signs	0		0		0	
35	CA011	Provide education/obtain consent	3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2	
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
46		Intra-service (of service period)						
47	CA018	Assist physician or other qualified healthcare professional						
48	CA019	Assist physician or other qualified healthcare professional						
49	CA020	Assist physician or other qualified healthcare professional						
50	CA021	Perform procedure/service--NOT directly related to administration/delivery	4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS						
57		Post-Service (of service period)						
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking						
60	CA024	Clean room/equipment by clinical staff	3		3		3	
61	CA025	Clean scope						
62	CA026	Clean surgical instrument package						
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray						
64	CA028	Review/read post-procedure x-ray, lab and pathology reports						
65	CA029	Check dressings, catheters, wounds						
66	CA030	Technologist QC's images in PACS, checking for all						
67	CA031	Review examination with interpreting MD/DO						
68	CA032	Scan exam documents into PACS. Complete exam in PACS						
69	CA033	Perform regulatory mandated quality assurance activity	7		7		5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3	
71	CA035	Review home care instructions, coordinate visit/care delivery						
72	CA036	Discharge day management	n/a		n/a		n/a	
75	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						
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.						
77		End: Patient leaves office/facility						
78		POST-SERVICE PERIOD						
79		Start: Patient leaves office/facility						
80	CA037	Conduct patient communications	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services						
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes						
84		99212 27 minutes						
85		99213 36 minutes						
86		99214 53 minutes						
87		99215 63 minutes						
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0
89								
92		*Other activity: please include short clinical description here and type new in column A*						
95		End: with last office visit before end of global period						

	A	B	W	X	Y	Z	AA	AB
1	RUC Practice Expense Spreadsheet							
2			0031A		0041A		0042A	
3		RUC Collaboration Website	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, $5x10^{10}$ viral particles/0.5mL dosage; single dose		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA						
5			Janssen Single Dose		Novavax 1st Dose		Novavax 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.38	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES						
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0	
106	Equipment Code	EQUIPMENT						
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.85	$ -	$ 0.85	$ -	$ 0.76	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	37		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock						
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft						
114								
115								
116								
117								
118								
119								
120								
121								
122								
123								
124								
125								
126								
127								
128								

	A	B	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet											
2			0003A		0013A		0004A		0051A		0052A	
3		RUC Collaboration Website	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; third dose		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; third dose		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/0.3 mL dosage, diluent reconstituted; booster dose		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/0.3 mL dosage, tris-sucrose formulation; first dose		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/0.3 mL dosage, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer 3rd Dose		Moderna 3rd Dose		Pfizer Booster		Pfizer Tris-Sucrose 1st Dose		Pfizer Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.59	$ -	$ 13.82	$ -	$ 14.59	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.40	$ -	$ 12.40	$ -	$ 12.40	$ -	$ 12.92	$ -	$ 11.66	$ -
14		PRE-SERVICE PERIOD										
15		Start: Following visit when decision for surgery/procedure m										
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)										
18	CA003	Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent										
20	CA005	Complete pre-procedure phone calls and prescription	2		2		2		2		0	
21	CA006	Confirm availability of prior images/studies										
22	CA007	Review patient clinical extant information and questionnaire										
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS										
28		*Other activity: please include short clinical description here and type new in column A*										
29		End: When patient enters office/facility for surgery/procedur										
30		SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedur										
32		Pre-Service (of service period)										
33	CA009	Greet patient, provide gowning, ensure appropriate medical record are available	3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2	
38	CA014	Confirm order, protocol exam										
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
46		Intra-service (of service period)										
47	CA018	Assist physician or other qualified healthcare professional										
48	CA019	Assist physician or other qualified healthcare professional										
49	CA020	Assist physician or other qualified healthcare professional										
50	CA021	Perform procedure/service--NOT directly related to administering medication	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
57		Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking										
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026	Clean surgical instrument package										
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds										
66	CA030	Technologist QC's images in PACS, checking for all images uploaded										
67	CA031	Review examination with interpreting MD/DO										
68	CA032	Scan exam documents into PACS. Complete exam in PACS										
69	CA033	Perform regulatory mandated quality assurance activity	5		5		5		7		5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3		3	
71	CA035	Review home care instructions, coordinate visit/care at discharge										
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
75	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										
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78		POST-SERVICE PERIOD										
79		Start: Patient leaves office/facility										
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services										
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes										
84		99212 27 minutes										
85		99213 36 minutes										
86		99214 53 minutes										
87		99215 63 minutes										
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89												
92		*Other activity: please include short clinical description here and type new in column A*										
95		End: with last office visit before end of global period										

	A	B	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet											
2			0003A		0013A		0004A		0051A		0052A	
3		RUC Collaboration Website	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; third dose		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; third dose		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/0.3 mL dosage, diluent reconstituted; booster dose		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/0.3 mL dosage, tris-sucrose formulation; first dose		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/0.3 mL dosage, tris-sucrose formulation; second dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer 3rd Dose		Moderna 3rd Dose		Pfizer Booster		Pfizer Tris-Sucrose 1st Dose		Pfizer Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 14.59	$ -	$ 13.82	$ -	$ 14.59	$ -	$ 14.38	$ -	$ 13.03	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0		0	
106	Equipment Code	EQUIPMENT										
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 1.58	$ -	$ 0.81	$ -	$ 1.58	$ -	$ 0.85	$ -	$ 0.76	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35		35		35		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	2		35		2		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	33				33					
114												
115												
116												
117												
118												
119												
120												
121												
122												
123												
124												
125												
126												
127												
128												

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1	RUC Practice Expense Spreadsheet											
2			0053A		0054A		0064A		0071A		0072A	
3		RUC Collaboration Website	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/0.3 mL dosage, tris-sucrose formulation; third dose		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/0.3 mL dosage, tris-sucrose formulation; booster dose		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, 50 mcg/0.25 mL dosage, booster dose		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation;		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation;	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer Tris-Sucrose 3rd Dose		Pfizer Tris-Sucrose Booster		Moderna Booster		Pfizer 5-11 Tris-Sucrose 1st Dose		Pfizer 5-11 Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -	$ 13.82	$ -	$ 13.82	$ -	$ 14.78	$ -	$ 13.43	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	38.0	0.0	34.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0	29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.40	$ -	$ 12.40	$ -	$ 12.40	$ -	$ 13.29	$ -	$ 12.03	$ -
14		PRE-SERVICE PERIOD										
15		Start: Following visit when decision for surgery/procedure m										
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1		1	
17	CA002	Coordinate pre-surgery services (including test results)										
18	CA003	Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent										
20	CA005	Complete pre-procedure phone calls and prescription	2		2		2		2		0	
21	CA006	Confirm availability of prior images/studies										
22	CA007	Review patient clinical extant information and questionnaire										
23	CA008	Perform regulatory mandated quality assurance activity	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS										
28		*Other activity: please include short clinical description here and type new in column A*										
29		End: When patient enters office/facility for surgery/procedur										
30		SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedu										
32		Pre-Service (of service period)										
33	CA009	Greet patient, provide gowning, ensure appropriate medical record is available	3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013	Prepare room, equipment and supplies	2		2		2		3		3	
38	CA014	Confirm order, protocol exam										
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
46		Intra-service (of service period)										
47	CA018	Assist physician or other qualified healthcare professional										
48	CA019	Assist physician or other qualified healthcare professional										
49	CA020	Assist physician or other qualified healthcare professional										
50	CA021	Perform procedure/service--NOT directly related to physician work time	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
57		Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking	4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking										
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026	Clean surgical instrument package										
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds										
66	CA030	Technologist QC's images in PACS, checking for all images										
67	CA031	Review examination with interpreting MD/DO										
68	CA032	Scan exam documents into PACS. Complete exam in PACS										
69	CA033	Perform regulatory mandated quality assurance activity	5		5		5		7		5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3		3		3		3		3	
71	CA035	Review home care instructions, coordinate										
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
75	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										
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78		POST-SERVICE PERIOD										
79		Start: Patient leaves office/facility										
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services										
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83		99211 16 minutes										
84		99212 27 minutes										
85		99213 36 minutes										
86		99214 53 minutes										
87		99215 63 minutes										
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89												
92		*Other activity: please include short clinical description here and type new in column A*										
95		End: with last office visit before end of global period										

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1	RUC Practice Expense Spreadsheet											
2			0053A		0054A		0064A		0071A		0072A	
3		RUC Collaboration Website	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/0.3 mL dosage, tris-sucrose formulation; third dose		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/0.3 mL dosage, tris-sucrose formulation; booster dose		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, 50 mcg/0.25 mL dosage, booster dose		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation;		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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation;	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA										
5			Pfizer Tris-Sucrose 3rd Dose		Pfizer Tris-Sucrose Booster		Moderna Booster		Pfizer 5-11 Tris-Sucrose 1st Dose		Pfizer 5-11 Tris-Sucrose 2nd Dose	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -	$ 13.82	$ -	$ 13.82	$ -	$ 14.78	$ -	$ 13.43	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	35.0	0.0	38.0	0.0	34.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0	29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -	$ 0.61	$ -
98	SB033	mask, surgical	0		0		0		0		0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0		0		0		0		0	
106	Equipment Code	EQUIPMENT										
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.81	$ -	$ 0.81	$ -	$ 0.81	$ -	$ 0.87	$ -	$ 0.78	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35		35		35		38		34	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35		35		35		38		34	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
115												
116												
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	A	B	AW	AX
1	RUC Practice Expense Spreadsheet		RECOMMENDED	
2			0034A	
3		RUC Collaboration Website	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^{10} viral particles/0.5mL dosage; booster dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA		
5			Janssen Booster	
6		LOCATION	Non Fac	Facility
7		GLOBAL PERIOD	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 12.40	$ -
14		PRE-SERVICE PERIOD		
15		Start: Following visit when decision for surgery/procedure m		
16	CA001	Complete pre-service diagnostic and referral forms	1	
17	CA002	Coordinate pre-surgery services (including test results)		
18	CA003	Schedule space and equipment in facility		
19	CA004	Provide pre-service education/obtain consent		
20	CA005	Complete pre-procedure phone calls and prescription	2	
21	CA006	Confirm availability of prior images/studies		
22	CA007	Review patient clinical extant information and questionnaire		
23	CA008	Perform regulatory mandated quality assurance activity	1	
27	OLD	Prepare patient chart with appropriate CDC VIS		
28		*Other activity: please include short clinical description here and type new in column A*		
29		End: When patient enters office/facility for surgery/procedur		
30		SERVICE PERIOD		
31		Start: When patient enters office/facility for surgery/procedu		
32		Pre-Service (of service period)		
33	CA009	Greet patient, provide gowning, ensure appropriate medical record are available	3	
34	CA010	Obtain vital signs	0	
35	CA011	Provide education/obtain consent	3	
36	CA012	Review requisition, assess for special needs	1	
37	CA013	Prepare room, equipment and supplies	2	
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
46		Intra-service (of service period)		
47	CA018	Assist physician or other qualified healthcare professional		
48	CA019	Assist physician or other qualified healthcare professional		
49	CA020	Assist physician or other qualified healthcare professional (42%)		
50	CA021	Perform procedure/service--NOT directly related to administration/monitoring	4	
55	OLD	Provide patient/parent with appropriate CDC VIS		
57		Post-Service (of service period)		
58	CA022	Monitor patient following procedure/service, multitasking	4	
59	CA023	Monitor patient following procedure/service, no multitasking		
60	CA024	Clean room/equipment by clinical staff	3	
61	CA025	Clean scope		
62	CA026	Clean surgical instrument package		
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray		
64	CA028	Review/read post-procedure x-ray, lab and pathology reports		
65	CA029	Check dressings, catheters, wounds		
66	CA030	Technologist QC's images in PACS, checking for all images		
67	CA031	Review examination with interpreting MD/DO		
68	CA032	Scan exam documents into PACS. Complete exam in PACS		
69	CA033	Perform regulatory mandated quality assurance activity	5	
70	CA034	Document procedure (non-PACS) (e.g. mandated	3	
71	CA035	Review home care instructions, coordinate		
72	CA036	Discharge day management	n/a	
75	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		
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.		
77		End: Patient leaves office/facility		
78		POST-SERVICE PERIOD		
79		Start: Patient leaves office/facility		
80	CA037	Conduct patient communications	3	0
81	CA038	Coordinate post-procedure services		
82		*Office visits: List Number and Level of Office Visits*	# visits	# visits
83		99211 16 minutes		
84		99212 27 minutes		
85		99213 36 minutes		
86		99214 53 minutes		
87		99215 63 minutes		
88	CA039	Post-operative visits (total time)	0.0	0.0
89				
92		*Other activity: please include short clinical description here and type new in column A*		
95		End: with last office visit before end of global period		

	A	B	AW	AX
1	RUC Practice Expense Spreadsheet		RECOMMENDED	
2			0034A	
3		RUC Collaboration Website	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, $5x10^{10}$ viral particles/0.5mL dosage; booster dose	
4	Clinical Activity Code	Meeting Date: November 2021 Revision Date (if applicable): Tab: 24 COVID-19 IA Janssen Booster Specialties: AAFP, ACOG, ACP, AAP, ANA		
5			Janssen Booster	
6		LOCATION	Non Fac	Facility
7		GLOBAL PERIOD	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.82	$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES		
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 0.61	$ -
98	SB033	mask, surgical	0	
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0	
100	SJ053	swab-pad, alcohol	0	
101	SB022	gloves, non-sterile	1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1	
103	SK057	paper, laser printing (each sheet)	3	
104	NEW	*Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers*	0	
106	Equipment Code	EQUIPMENT		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.81	$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock		
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft		
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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, 91304, 91305, 91306, 91307) to their associated immunization administration codes (0004A, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A), 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, 0003A, 004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91302, 91303, 91304, 91305, 91306, and 91307 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/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
	mL dosage, tris-sucrose formulation, for intramuscular use	0054A (Booster)				(CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 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/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
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, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days