# AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
# RUC RECOMMENDATIONS

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AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2022

**SARS-CoV-2-Immunization Administration- Pfizer Third Dose (Age 5-11) & Pfizer (Age 6 months-5 years)**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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.

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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 Editorial 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.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months up to 5 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

The vaccine CPT codes (91300-91308) developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the nine coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

**0073A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 5-11, Third Dose***
**0081A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 6 months-5 years, First Dose***
**0082A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 6 months-5 years, Second Dose***

The RUC reviewed the specialty society recommendations for 0073A (Pfizer BioNTech tris-sucrose, age 5-11, third dose) and 0081A and 0082A (Pfizer-BioNTech tris-sucrose, age 6 months-5 years, first and second dose) and determined they should be valued the same as the previous first, second, third and booster 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).

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In the case of some COVID-19 vaccines requiring booster or third doses, the total physician work resources required for the booster or third 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 third or 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 third 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 third dose of Pfizer-BioNTech Tris-Sucrose age 5-11 COVID-19 immunization administration and the first and second dose of the Pfizer-BioNTech Tris-Sucrose age 6 months-5 years COVID-19 immunization administration 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, 0034A, 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 0073A, 0081A and 0082A.**

**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 immunization administration codes and determined the same direct inputs apply to the Pfizer-BioNTech tris-sucrose age 5-11 third dose and the Pfizer-BioNTech tris-sucrose age 6 months-5 years first and second dose immunization administration. The Subcommittee compared the direct PE inputs for the new immunization administration 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.

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For pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0081A and 0082A one 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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0082A) 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 immunization administration 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 Pfizer, Moderna, AstraZeneca, Janssen and Novavax immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0081A and 0082A).** 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

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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 societies.**

**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, 0072A, 0073A, 0081A and 0082A) 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**<br>**Evaluation and Management**<br>**Preventive Medicine Services**<br><br>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, *0073A, 0081A, 0082A*. For vaccine/toxoid products, see 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, *91308*.<br><br>**Medicine**<br>**Immunization Administration for Vaccines/Toxoids**<br><br>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, *0073A, 0081A, 0082A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, *91308*). | | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|

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, *0073A, 0081A, 0082A* 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, *91308*), 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)*

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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, 91308, 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, 91308, 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)* | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Do not report 90473, 90474 in conjunction with 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 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, 91308)* | | |
| *#●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, 91308)* | | |
| *#●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* | | |
| #●0073A | X1 | third dose | XXX | 0.20 |

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|---|---|---|---|---|
| | | (Report 0071A, 0072A, 0073A for the administration of vaccine 91307)<br>(Do not report 0071A, 0072A, 0073A in conjunction with 91300, 91305, 91308) | | |
| #●0081A | X2 | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | XXX | 0.20 |
| #●0082A | X3 | second dose<br>(Report 0081A, 0082A for the administration of vaccine 91308)<br>(Do not report 0081A, 0082A in conjunction with 91300, 91305, 91307) | 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 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)*

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▲*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* *booster dose*

*(Report 0031A, 0034A 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, *91308* 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, *91308*) 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, *0073A, 0081A, 0082A*). 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.

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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, *0073A, 0081A, 0082A* 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, *91308* 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, *0073A, 0081A, 0082A*.

*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, *91308* 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)*

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| | |
|---|---|
| *#●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*<br>*(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)*<br>*Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0081A, 0082A)* |
| *#✓●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*<br>*(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)*<br>*Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0081A, 0082A)* |
| #✓●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<br>*(Report 91307 with administration codes 0071A, 0072A, 0073A)*<br>*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A)* |
| #✓●91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use<br>(Report 91308 with administration codes 0081A, 0082A)<br>(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A) |
| *#●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*<br>*(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*<br>*(Report 91306 with administration code 0064A)* |

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| | |
|---|---|
| *#⌁●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, 0073A, 0081A, 0082A)* |

**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, *91308*) 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, *0073A, 0081A, 0082A*), 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, *0073A, 0081A, 0082A* and 91300, 91301, 91302, 91303, 91304,

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91305, 91306, 91307, *91308* 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)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster:*<br><br>*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)*<br>*0052A (2nd Dose)*<br>*0053A (3rd Dose)*<br>*0054A (Booster)* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1025-1*<br>*59267-1025-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster:*<br><br>*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)*<br>#●*0072A (2nd Dose)*<br>#●0073A (3rd Dose) | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1055-1*<br>*59267-1055-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days |

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| | | | | | |
|---|---|---|---|---|---|
| #✓●91308 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | #●0081A (1st Dose)<br>#●0082A (2nd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose)* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10<br>80777-0273-10* | *1st Dose to 2nd Dose: 28 Days<br><br>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<br>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)<br>0022A (2nd Dose)* | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10<br>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)<br>0034A (Booster)* | *Janssen* | *Janssen COVID-19 Vaccine* | *59676-580-05<br>59676-0580-05* | *~~Not Applicable~~<br><br>Booster:<br><br>Refer to FDA/CDC Guidance* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | #✓**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)*<br>*0042A (2nd Dose)* | *Novavax, Inc* | *Novavax COVID-19 Vaccine* | *80631-100-01*<br>*80631-1000-01* | *21 Days* | |

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February 2, 2022

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 Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American College of Physicians (ACP), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years) codes.

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.

0073A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

0081A 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

0082A 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, 3 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 twenty (20) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 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-ACP-AAP Expert Panel Work Recommendations for CPT Codes 0073A, 0081A, 0082A

Based on the RUC work precedent, we recommend the following for CPT codes 0073A, 0081A, 0082A:
0.20 wRVU
7 minutes intra-service time

## AAFP-ACP-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0073A, 0081A, 0082A

Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0073A, 0081A, 0082A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk | Adjustments to RUC Direct PE Crosswalk |
|---|---|---|---|---|
| 0073A | Pfizer | 3 | 0071A | Remove 2 minutes CA003 (*Patient record creation and demographic entry*) |
| 0081A | Pfizer | 1 | 0071A | N/A |
| 0082A | Pfizer | 2 | 0072A | N/A |

Upon acceptance of these recommendations, the RUC precedents will be updated as follows:

### 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, 0073A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A,0082A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses

Thank you for your consideration.

Sincerely,

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

**Charles Hamori, 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:0073A Tracking Number X1 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; third dose

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## 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 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)** | 02/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ACP, AAP | | | | | |
| **CPT Code:** | 0073A | | | | | |
| **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:** | 0073A | **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 |
|---|---|---|---|
| 0071A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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: 0073A | Top Key Reference CPT Code: 0071A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0073A, we recommend a crosswalk to CPT code 0071A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0081A Tracking Number X2 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The 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)** | 02/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ACP, AAP | | | | | |
| **CPT Code:** | 0081A | | | | | |
| **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:** | 0081A | **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 |
|---|---|---|---|
| 0071A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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: 0081A | Top Key Reference CPT Code: 0071A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0081A, we recommend a crosswalk to CPT code 0071A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0082A Tracking Number X3 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The 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)** | 02/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ACP, AAP | | | | | |
| **CPT Code:** | 0082A | | | | | |
| **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:** | 0082A | **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 |
|---|---|---|---|
| 0072A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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:** 0082A | **Top Key Reference CPT Code:** 0072A | **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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0082A, we recommend a crosswalk to CPT code 0072A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

SS Rec Summary

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | ISSUE: COVID-19 Immunization Administration Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years) | | | | | | | | | | | | | | | | | | | | | | |
| 14 | TAB: | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of | Pfizer Tris-Sucrose | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of | Pfizer Tris-Sucrose | 6mo-5yr 2nd Dose | 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 | 0051A |
| 0054A | ADM SARSCV2 30MCG TRS-SUCR B | Pfizer | October 2021 | 0051A |
| 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 |
| 0073A | ADM SARSCV2 10MCG DIL REC TRS-SUCR 3 | Pfizer | February 2022 (Interim) | 0071A |
| 0081A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 1 | Pfizer | February 2022 (Interim) | 0071A |
| 0082A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 2 | Pfizer | February 2022 (Interim) | 0072A |

**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, 0073A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A): 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):0073A, 0081A, 0082A**

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

**PRESENTER(S): Megan Adamson, MD; Charles Hamori, MD; Suzanne Berman, MD; Steven Krug, MD**

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

**Meeting Date: February 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0073A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | XXX |
| 0081A | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | XXX |
| 0082A | 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, 3 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 |
|---|---|
| 0073A | A parent or guardian of an 8-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0081A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0082A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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, 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*):

   **CPT code 0073A**: We are utilizing CPT code 0071A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease

[COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose) as our crosswalk code, removing 2 minutes from CA033 (*Patient record creation and demographic entry*). Since CPT code 0073A represents a third dose of the Pfizer COVID-19 tris-sucrose 5-11 vaccine, the patients will already have an established record. Therefore, this clinical activity will not be typical for CPT code 0073A.
**CPT code 0081A:** We are utilizing CPT code 0071A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose) as our crosswalk code.
**CPT code 0082A:** We are utilizing CPT code 0072A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose) as our crosswalk code.

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 0073A, 0082A**: 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 code 0081A**: 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:** 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, including robust clinical staff safety checks.

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

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 0073A and 0081A, as they represent the third dose of the COVID-19 5-11 vaccine and the first dose of the COVID-19 6 mo-5 vaccine, respectively, 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 0073A, 0082A: 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 code 0081A: 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 codes 0073A, 0081A, 0082A: 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 medical grade vaccine 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.

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

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*):

    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**

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

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:

| |
|---|
| **CPT codes 0073A, 0081A, 0082A**: 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<br>Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (ED043)<br>Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) ($7,674.43) |

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

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 (ED043): 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 | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, 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 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 | | | | | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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 | 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--[illegible] | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--[illegible] | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--[illegible] | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | Perform procedure/service--NOT directly related to physician [illegible] | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 67 | CA031 | Review examination with interpreting MD/DO | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 68 | CA032 | Staff staff documents into PACS; Complete exam in RIS | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | L026A | Muscular Tech | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, [illegible] | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 0.0 | 0.0 | 0.0 | 0.0 |
| 89 | | | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 92 | | Other activity: please include short clinical description here [illegible] | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, 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 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | |
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| 125 | | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | | 0041A | | 0042A | | 0003A | | 0013A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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, $5x10^{10}$ viral particles/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, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/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, 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single Dose | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility | 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 | | XXX | | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - |
| 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 | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 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 | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | 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 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | | | | | | | | | |
| 16 | CA001 | Complete pre-service diagnostic and referral forms | 1 | | 1 | | 1 | | 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 | | 2 | | 0 | | 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 (pre- | 1 | | 1 | | 1 | | 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/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 | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 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 | | | | | | | | | | | | | | | | | | |
| 41 | CA017 | Sedate/apply anesthesia | | | | | | | | | | | | | | | | | | |
| 46 | | Intra-service (of service period) | | | | | | | | | | | | | | | | | | |
| 47 | CA018 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service--NOT directly related to physician [illegible] | 4 | | 4 | | 4 | | 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 1:4 | 4 | | 4 | | 4 | | 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 | | 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 | Staff documents into PACS, Complete exam in RIS | | | | | | | | | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 7 | | 5 | | 7 | | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, [illegible] | 3 | | 3 | | 3 | | 3 | | 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 | | 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 | 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 | # 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 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 89 | | | | | | | | | | | | | | | | | | | | |
| 92 | | Other activity: please include short clinical description here [illegible] | | | | | | | | | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | | 0041A | | 0042A | | 0003A | | 0013A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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, $5x10^{10}$ viral particles/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, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/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, 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single Dose | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility | 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 | | XXX | | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - |
| 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 | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 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 | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - | $ 0.61 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 1.0 | | 1.0 | | 1.0 | | 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 | | 1 | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 3 | | 3 | | 3 | | 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 | | 0 | | 0 | | 0 | |
| 106 | Equipment Code | EQUIPMENT | | | | | | | | | | | | | | | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | | 37 | | 33 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | | 37 | | 33 | | 2 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | | | | | | 33 | | | |
| 114 | | | | | | | | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | | | | | | | | |
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| 128 | | | | | | | | | | | | | | | | | | | | |

| | A | B | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS | AT | AU | AV |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | | | | | |
| 2 | | | 0004A | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | | 0071A | | 0072A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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 | | 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 | | 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 | |
| 5 | | | Pfizer Booster | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | 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 | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.59 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 14.78 | $ - | $ 13.43 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 37.0 | 0.0 | 33.0 | 0.0 | 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 | 2.0 | 0.0 | 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 | 30.0 | 0.0 | 28.0 | 0.0 | 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 | 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 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 13.29 | $ - | $ 12.03 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | | | | | | | |
| 16 | CA001 | Complete pre-service diagnostic and referral forms | 1 | | 1 | | 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 | | 2 | | 0 | | 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 (pre- | 1 | | 1 | | 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/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 | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 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 | | | | | | | | | | | | | | | | |
| 41 | CA017 | Sedate/apply anesthesia | | | | | | | | | | | | | | | | |
| 46 | | Intra-service (of service period) | | | | | | | | | | | | | | | | |
| 47 | CA018 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--[illegible] | | | | | | | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service--NOT directly related to physician [illegible] | 4 | | 4 | | 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 1:4 | 4 | | 4 | | 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 | | 3 | | 3 | |
| 61 | CA025 | Clean scope | | | | | | | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray [illegible] | | | | | | | | | | | | | | | | |
| 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, [illegible] | | | | | | | | | | | | | | | | |
| 67 | CA031 | Review examination with interpreting MD/DO | | | | | | | | | | | | | | | | |
| 68 | CA032 | Staff documents into PACS, Complete exam in RIS | | | | | | | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 7 | | 5 | | 5 | | 5 | | 5 | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, [illegible] | 3 | | 3 | | 3 | | 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 | | 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 | 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 | # 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 | 0.0 | 0.0 | 0.0 | 0.0 |
| 89 | | | | | | | | | | | | | | | | | | |
| 92 | | Other activity: please include short clinical description here [illegible] | | | | | | | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | | | | | | | |

| | A | B | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS | AT | AU | AV |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | | | | | |
| 2 | | | 0004A | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | | 0071A | | 0072A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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 | | 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 | | 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 | |
| 5 | | | Pfizer Booster | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | 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 | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.59 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 14.78 | $ - | $ 13.43 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 37.0 | 0.0 | 33.0 | 0.0 | 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 | 2.0 | 0.0 | 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 | 30.0 | 0.0 | 28.0 | 0.0 | 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 | 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 | $ - | $ 0.61 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 1.0 | | 1.0 | | 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 | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 3 | | 3 | | 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 | | 0 | | 0 | |
| 106 | Equipment Code | EQUIPMENT | | | | | | | | | | | | | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 1.58 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 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 | | 37 | | 33 | | 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 | 2 | | 37 | | 33 | | 35 | | 35 | | 35 | | 38 | | 34 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 33 | | | | | | | | | | | | | | | |
| 114 | | | | | | | | | | | | | | | | | | |
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| 128 | | | | | | | | | | | | | | | | | | |

| | A | B | AW | AX | AY | AZ | BA | BB | BC | BD |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0034A | | 0073A | | 0081A | | 0082A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | |
| 5 | | | Janssen Booster | | Pfizer 5-11<br>Tris-Sucrose 3rd Dose | | Pfizer 6 mo-5<br>Tris-Sucrose 1st Dose | | Pfizer 6 mo-5<br>Tris-Sucrose 2nd 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 | $ - | $ 14.21 | $ - | $ 14.78 | $ - | $ 13.43 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 36.0 | 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 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 29.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 12.40 | $ - | $ 12.77 | $ - | $ 13.29 | $ - | $ 12.03 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | |
| 33 | CA009 | Dress patient, provide gowning, ensure appropriate medical | 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 | | 3 | | 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 | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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/ scan documents into PACS; Complete exam in RIS | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 5 | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | |

| | A | B | AW | AX | AY | AZ | BA | BB | BC | BD |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0034A | | 0073A | | 0081A | | 0082A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: February 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer Third Dose (Age 5-11) & First and Second Doses (6 months-5 years)<br>Specialties: AAFP, ACP, AAP | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | |
| 5 | | | Janssen Booster | | Pfizer 5-11<br>Tris-Sucrose 3rd Dose | | Pfizer 6 mo-5<br>Tris-Sucrose 1st Dose | | Pfizer 6 mo-5<br>Tris-Sucrose 2nd 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 | $ - | $ 14.21 | $ - | $ 14.78 | $ - | $ 13.43 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 36.0 | 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 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 29.0 | 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 |
| 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 | $ - | $ 0.83 | $ - | $ 0.87 | $ - | $ 0.78 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 36 | | 38 | | 34 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 36 | | 38 | | 34 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
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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, 91308) 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, 0073A, 0081A, 0082A), 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, 0073A, 0081A, 0082A, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, and 91308 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br>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)<br>0052A (2nd Dose)<br>0053A (3rd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1025-1<br>59267-1025-01 | 1st Dose to 2nd Dose: 21 Days<br>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<br>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)<br>0072A (2nd Dose)<br>0073A (3rd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | 1st Dose to 2nd Dose: 28 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 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 |
|---|---|---|---|---|---|---|
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 1st Dose to 2nd Dose: 21 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<br>COVID-19 Vaccine | 80777-273-10<br>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)<br>0022A (2nd Dose) | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>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)<br>0034A (Booster) | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>59676-0580-05 | Booster: 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 |
|---|---|---|---|---|---|---|
| 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)<br>0042A (2nd Dose) | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
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March 23, 2022

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, 0094A, 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 Moderna 50 mcg/0.5 mL (full dosage), 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

March 2022

**SARS-CoV-2-Immunization Administration – Moderna Booster**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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 50 mcg/0.25 mL dosage.

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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 Editorial 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.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months up to 5 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A 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 full dose of the Moderna booster (i.e., 50 mcg/0.5 mL).

The vaccine CPT codes (91300-91309) were developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), and are unique for each of the ten coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

**0094A *SARS-CoV-2-Immunization Administration – Moderna Booster***
The RUC reviewed the specialty society recommendations for 0094A Moderna booster and determined it should be valued the same as the previous first, second, third and booster doses of all other COVID-19 immunization administration codes with a work RVU of 0.20. The RUC noted that 0094A is identical to the first Moderna booster 0064A but contains the full dosage of 50 mcg/0.5 mL rather than 50 mcg/0.25 mL. 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).

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In the case of some COVID-19 vaccines requiring booster or third doses, the total physician work resources required for the booster or third dose is 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 third or 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 first, second, third, booster or pediatric doses nor is there any difference in physician time required to administer any single dose of the Pfizer-BioNTech (either formulation), Moderna, AstraZeneca, Janssen or Novavax immunizations. The RUC recommends the Moderna booster full dosage COVID-19 immunization administration 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, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A 0071A, 0072A, 0073A, 0081A and 0082A). **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT code 0094A.**

**Practice Expense**

The Practice Expense (PE) Subcommittee 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 immunization administration codes and determined the same direct inputs apply to the Moderna booster dose immunization administration. The Subcommittee compared the direct PE inputs for the new immunization administration 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 continues to strongly recommend 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.

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For pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0081A and 0082A one 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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0082A, 0094A) 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 immunization administration 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 discussed the supply and equipment inputs associated with the Pfizer, Moderna, AstraZeneca, Janssen and Novavax immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes. 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,

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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 societies.**

**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, 0072A, 0073A, 0081A, 0082A and 0094A) 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**<br>**Evaluation and Management**<br>**Preventive Medicine Services**<br><br>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, 0073A, 0081A, 0082A, *0094A*. For vaccine/toxoid products, see 90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, *91309*.<br><br>**Medicine**<br>**Immunization Administration for Vaccines/Toxoids**<br><br>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, 0073A, 0081A, 0082A, *0094A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, *91309*).<br><br>*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-* | | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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, 0073A, 0081A, 0082A, *0094A* 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, 91308, *91309*), 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* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| ✚*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, 91308, 91309, 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, 91308, 91309, 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)* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Do not report 90473, 90474 in conjunction with 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 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, 91308)* | | |
| #●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, 91308)* | | |
| #●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* | | |
| #●0073A | | *third dose* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Report 0071A, 0072A, 0073A for the administration of vaccine 91307)* | | |
| | | *(Do not report 0071A, 0072A, 0073A in conjunction with 91300, 91305, 91308)* | | |
| *#●0081A* | | *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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose* | | |
| *#●0082A* | | *second dose* | | |
| | | *(Report 0081A, 0082A for the administration of vaccine 91308)* | | |
| | | *(Do not report 0081A, 0082A in conjunction with 91300, 91305, 91307)* | | |
| *●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)* | | |
| | | (Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309) | | |
| *#●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)* | | |
| | | (Do not report 0064A in conjunction with 91301, 91309) | | |
| #●0094A | YY1 | 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/0.5 mL dosage, booster dose<br>(Report 0094A for the administration of vaccine 91309) | XXX | 0.20 |

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| | | | | |
|---|---|---|---|---|
| | | (Do not report 0094A in conjunction with 91301, 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* *booster dose*

*(Report 0031A, 0034A 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, 91308, *91309*, 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

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administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes (91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, *91309*) 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, 0073A, 0081A, 0082A, *0094A*). 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, 0073A, 0081A, 0082A, *0094A*, 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, 91308, *91309*, 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, 0073A, 0081A, 0082A, *0094A*.

*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, 91308, *91309*, 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

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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, 0064A,* 0094A *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, 0073A, 0081A, 0082A)*

*#✓●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, 0073A, 0081A, 0082A)*

*#✓●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, 0073A)*

*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A)*

*#✓●91308* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*

*(Report 91308 with administration codes 0081A, 0082A)*

*(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A)*

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| | |
|---|---|
| *#●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)* |
| #✓●91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use |
| | (Report 91309 with administration code 0094A) |
| | (Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 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* |

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*(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, 0073A, 0081A, 0082A, 0094A)*

## 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, 91308, *91309*) 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, 0073A, 0081A, 0082A, *0094A*), 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, 0073A, 0081A, 0082A, *0094A* and 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, *91309* 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)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster:*<br><br>*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-* | *0051A (1st Dose)*<br>*0052A (2nd Dose)*<br>*0053A (3rd Dose)*<br>*0054A (Booster)* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1025-1*<br>*59267-1025-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):* |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | *sucrose formulation, for intramuscular use* | | | | | *28 or More Days*<br><br>*Booster:*<br><br>*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)*<br>*#●0072A (2nd Dose)*<br>#●0073A (3rd Dose) | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1055-1*<br>*59267-1055-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days |
| #✓●91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | #●0081A (1st Dose)<br>#●0082A (2nd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 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)*<br>*0012A (2nd Dose)*<br>*0013A (3rd Dose)* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *1st Dose to 2nd Dose: 28 Days*<br><br>*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*<br>*80777-0273-10* | *Refer to FDA/CDC Guidance* |
| #✓●91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | #●0094A (Booster) | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster:<br><br>Refer to FDA/CDC Guidance |

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| | | | | | | |
|---|---|---|---|---|---|---|
| #✓**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)*<br>*0022A (2nd Dose)* | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10*<br>*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)*<br>*0034A (Booster)* | *Janssen* | *Janssen COVID-19 Vaccine* | *59676-580-05*<br>*59676-0580-05* | ~~*Not Applicable*~~<br>*Booster:*<br>*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)*<br>*0042A (2nd Dose)* | *Novavax, Inc* | *Novavax COVID-19 Vaccine* | *80631-100-01*<br>*80631-1000-01* | *21 Days* |

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March 18, 2022

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 Moderna Booster Dose

Dear Doctor Silva:

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

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.

0094A 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/0.5 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 twenty three (23) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0081A, 0082A). 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, 0073A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses

AAFP-ACP-ACOG-ANA-AAP Expert Panel Work Recommendations for CPT Code 0094A
Based on the RUC work precedent, we recommend the following for CPT code 0094A:
0.20 wRVU
7 minutes intra-service time

AAFP-ACP-ACOG-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Code 0094A
Based on the RUC practice expense precedent, we recommend applying the following for CPT code 0094A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk | Adjustments to RUC Direct PE Crosswalk |
|---|---|---|---|---|
| 0094A | Moderna | B | 0064A | N/A |

Thank you for your consideration.

Sincerely,

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

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

**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

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CPT Code:0094A Tracking Number YY1 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/0.5 mL dosage, booster dose

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**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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated 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)** | 03/2022 |
| **Presenter(s)**: | Megan Adamson, MD; Charles Hamori, MD; Jon Hathaway, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN |
| **Specialty Society(ies):** | AAFP, ACP, ACOG, ANA, AAP |
| **CPT Code:** | 0094A |
| **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:** | 0094A | **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 |
|---|---|---|---|
| 0064A | 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, 50 mcg/0.25 mL dosage, booster 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: 0094A | Top Key Reference CPT Code: 0064A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0094A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

---

**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

SS Rec Summary

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | **ISSUE:** | **COVID-19 Immunization Administration Moderna Booster** | | | | | | | | | | | | | | | | | | | | | |
| 14 | **TAB:** | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-5yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 45 | March 2022 RUC | 0094A | XXX | Immunization administration by intramuscular injection of | Moderna | 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 | 0051A |
| 0054A | ADM SARSCV2 30MCG TRS-SUCR B | Pfizer | October 2021 | 0051A |
| 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 |
| 0073A | ADM SARSCV2 10MCG DIL REC TRS-SUCR 3 | Pfizer | February 2022 (Interim) | 0071A |
| 0081A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 1 | Pfizer | February 2022 (Interim) | 0071A |
| 0082A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 2 | Pfizer | February 2022 (Interim) | 0072A |
| 0094A | ADM SARSCOV2 50MCG/0.5MLBST | Moderna | March 2022 (Interim) | 0064A |

**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, 0073A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A): 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):0094A**

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

**PRESENTER(S): Megan Adamson, MD; Charles Hamori, MD; Jon Hathaway, 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: March 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0094A | 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/0.5 mL dosage, booster dose | XXX |

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

| CPT Code | Vignette |
|---|---|
| 0094A | 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, ACP, ACOG, 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 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) as our crosswalk code.

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?

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

(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 0094A, 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*):

    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 (ED043)
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 (ED043): 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 | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, 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 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 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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 | 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--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | Perform procedure/service---NOT directly related to physician | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | 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/Techn | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non PACS) (e.g. mandated reporting, | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, 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 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 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | |
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| 118 | | | | | | | | | | | | | |
| 119 | | | | | | | | | | | | | |
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| 125 | | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, $5x10^{10}$ viral | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 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 | 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 | |
| 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 7 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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 | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, $5x10^{10}$ viral | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Completed 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | | | | | | | | | | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - | $ 1.58 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 2 | | 35 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | 33 | | | | 33 | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Completed 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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 | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 35 | | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | 3 | | 3 | | 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 | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | |
| 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 | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
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| 128 | | | | | | | | | | |

| | A | B | BA | BB | BC | BD | BE | BF |
|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | RECOMMENDED | |
| 2 | | | 0081A | | 0082A | | 0094A | |
| 3 | | RUC Collaboration Website | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage, booster dose | |
| 5 | | | Pfizer 6 mo-5 Tris-Sucrose 1st Dose | | Pfizer 6 mo-5 Tris-Sucrose 2nd Dose | | Moderna Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 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 | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | 3 | | 3 | | 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 | | | | | | |
| 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 | 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 1:4 | 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 images, | | | | | | |
| 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 | 7 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non PACS) (e.g. mandated reporting, | 3 | | 3 | | 3 | |
| 71 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | | | |
| 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 | BA | BB | BC | BD | BE | BF |
|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | RECOMMENDED | |
| 2 | | | 0081A | | 0082A | | 0094A | |
| 3 | | RUC Collaboration Website | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: March 2022<br>Revision Date (if applicable):<br>Tab: COVID-19 IA Moderna Booster<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage, booster dose | |
| 5 | | | Pfizer 6 mo-5 Tris-Sucrose 1st Dose | | Pfizer 6 mo-5 Tris-Sucrose 2nd Dose | | Moderna Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | |
| 114 | | | | | | | | |
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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, 91308, 91309) 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, 0073A, 0081A, 0082A, 0094A), 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, 0073A, 0081A, 0082A, 0094A, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, and 91309 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br>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)<br>0052A (2nd Dose)<br>0053A (3rd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1025-1<br>59267-1025-01 | 1st Dose to 2nd Dose: 21 Days<br>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<br>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)<br>0072A (2nd Dose)<br>0073A (3rd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | 1st Dose to 2nd Dose: 28 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 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 |
|---|---|---|---|---|---|---|
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose) | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 1st Dose to 2nd Dose: 21 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<br>COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | Refer to FDA/CDC Guidance |
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0094A (Booster) | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster: 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)<br>0022A (2nd Dose) | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>00310-1222-10 | 28 Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|
| 91303 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use | 0031A (Single Dose)<br>0034A (Booster) | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>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)<br>0042A (2nd Dose) | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |

AMA
AMERICAN MEDICAL ASSOCIATION

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June 3, 2022

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 codes, 0074A, 0104A, 0111A and 0112A, which describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine. These codes describe the Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster (0074A), Sanofi-GSK booster (0104A), and Moderna age 6 months through 5 years, first (0111A) and second dose (0112A).

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

May 2022

**SARS-CoV-2-Immunization Administration – Sanofi-GSK, Moderna & Pfizer**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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 50 mcg/0.25 mL dosage.

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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 Editorial 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.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months up to 5 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A 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 full dose of the Moderna booster (i.e., 50 mcg/0.5 mL).

On April 18, 2022, the CPT Editorial Panel created new code 0074A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) booster dose of the 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). The Panel also created new code 0104A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the Sanofi-GlaxoSmithKline (GSK) booster dose (adjuvant AS03 emulsion).

On May 11, 2022, the CPT Editorial Panel created new codes 0111A and 0112A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the first and second doses of the Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

The vaccine CPT codes (91300-91311) developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

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

**0074A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster***
**0104A** ***SARS-CoV-2-Immunization Administration – Sanofi-GSK, Booster***
**0111A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 months-5 years, First Dose***
**0112A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 months-5 years, Second Dose***

The RUC reviewed the specialty society recommendations for 0074A (Pfizer BioNTech tris-sucrose, age 5-11, booster dose), 0104A (Sanofi-GSK booster dose) and 0111A and 0112A (Moderna, age 6 months-5 years, first and second dose) and determined they should be valued the same as the previous first, second, third and booster 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 or third doses, the total physician work resources required for the booster or third 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 third or 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 third 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, Novavax or Sanofi-GSK immunizations. The RUC recommends the booster dose of Pfizer-BioNTech Tris-Sucrose age 5-11, the booster dose of the Sanofi-GSK, and the first and second dose of the Moderna age 6 months-5 years COVID-19 immunization administration 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, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A 0071A, 0072A, 0073A, 0081A, 0082A and 0094A). **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0074A, 0104A, 0111A and 0112A.**

**Practice Expense**
The Practice Expense (PE) Subcommittee 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 immunization administration codes and determined the same direct inputs apply to the Pfizer-BioNTech Tris-Sucrose age 5-11 booster, Sanofi-GSK booster and the Moderna age 6 months-5 years first and second dose immunization administration.

The Subcommittee compared the direct PE inputs for the new immunization administration 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

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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 continues to strongly recommend 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 COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0081A and 0082A, one 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 Moderna age 6 months through 5 years, first and second dose, codes 0111A and 0112A, do not require reconstitution with a diluent and therefore have 2 minutes allotted for CA013.
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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A, 0111A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0074A, 0082A, 0094A, 0104A, 0112A) 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 immunization administration 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*.

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The PE Subcommittee discussed the supply and equipment inputs associated with the Pfizer, Moderna, AstraZeneca, Janssen, Novavax and Sanofi-GSK immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes. 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.* was 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 societies.**

**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, 0072A, 0073A, 0074A, 0081A, 0082A, 0094A, 0104A, 0111A and 0112A) 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.

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**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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A*. For vaccine/toxoid products, see 90476-90759, 91300-*91311*.

**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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-*91311*).

*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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A* 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-*91311*), 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, *patient age,* 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.

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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 91300-91311, 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)* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Do not report 90471, 90472 in conjunction with 91300-91311, 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 91300-91311, 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, 91308)* | | |
| *#●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* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *#●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, 91308)* | | |
| *#●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* | | |
| *#●0073A* | | *third dose* | | |
| #●0074A | ZZ1 | booster dose<br>(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)<br>(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308) | XXX | 0.20 |
| *#●0081A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose* | | |
| *#●0082A* | | *second dose* | | |
| | | *(Report 0081A, 0082A for the administration of vaccine 91308)* | | |
| | | *(Do not report 0081A, 0082A in conjunction with 91300, 91305, 91307)* | | |
| *●0011A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose* | | |

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| | |
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| ●0012A | *second dose* |
| ●0013A | *third dose* |
| | *(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)* |
| | (Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311*)* |
| ●0064A | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-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)* |
| | (Do not report 0064A in conjunction with 91301, 91309*,* 91311) |
| #●0094A | *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/0.5 mL dosage, booster dose* |
| | *(Report 0094A for the administration of vaccine 91309)* |
| | (Do not report 0094A in conjunction with 91301, 91306*,* 91311) |
| ●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 | *booster dose* |
| | *(Report 0031A, 0034A 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* |

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| *(Report 0041A, 0042A for the administration of vaccine 91304)* | | | | |
| ●0104A | ZZ2 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose<br>(Report 0104A for the administration of vaccine 91310) | XXX | 0.20 |
| ●0111A | ZZ3 | 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, 25 mcg/0.25 mL dosage; first dose | XXX | 0.20 |
| ●0112A | ZZ4 | second dose<br>(Report 0111A, 0112A for the administration of vaccine 91311)<br>(Do not report 0111A, 0112A in conjunction with (91301, 91306, 91309) | XXX | 0.20 |

**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-*91311*, 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-*91311*) should be reported with the corresponding immunization administration

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code (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A*). 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, *patient age,* 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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A* 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-*91311*, 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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A*.

*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-*91311*, 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.

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*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, 0064A,* 0074A, *0094A,* and 0104A *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, 0073A, *0074A,* 0081A, 0082A)

*#✓●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, 0073A, *0074A,* 0081A, 0082A)

*#✓●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, 0073A, *0074A*)

*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A)*

*#✓●91308* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*

*(Report 91308 with administration codes 0081A, 0082A)*

(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, *0074A*)

*#●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*

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| | |
|---|---|
| | *(Report 91301 with administration codes 0011A, 0012A, 0013A)* |
| | (Do not report 91301 in conjunction with administration codes 0064A, 0094A, 0111A, 0112A) |
| *#✓●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)* |
| | (Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0094A, 0111A, 0112A) |
| #✓●91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use |
| | (Report 91311 with administration codes 0111A, 0112A) |
| | (Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0094A) |
| *#✓●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* |
| | *(Report 91309 with administration code 0094A)* |
| | (Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, *0111A, 0112A*) |
| *#✓●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)* |
| #✓●91310 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use |
| | (Report 91310 with administration code 0104A) |

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*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, 0073A,* 0074A, *0081A, 0082A, 0094A,* 0104A, 0111A, 0112A*)*

**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-*91311*) 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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A*), *patient age,* 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, 0073A, *0074A,* 0081A, 0082A, 0094A, *0104A, 0111A, 0112A* and 91300-*91311* 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) | Patient Age | 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* | *0001A (1st Dose)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | 12 yrs of age and older | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use* | | | | | | *28 or More Days*<br><br>*Booster:*<br><br>*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)*<br>*0052A (2nd Dose)*<br>*0053A (3rd Dose)*<br>*0054A (Booster)* | 12 yrs of age and older | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1025-1*<br>*59267-1025-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster:*<br><br>*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)*<br>*#●0072A (2nd Dose)*<br>*#●0073A (3rd Dose)*<br>#●0074A (Booster) | 5 yrs through 11 yrs | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1055-1*<br>*59267-1055-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days<br><br>Booster:<br><br>Refer to FDA/CDC Guidance |
| *#✓●91308* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use* | *#●0081A (1st Dose)*<br>*#●0082A (2nd Dose)* | 6 mo through 4 yrs | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-0078-1*<br>*59267-0078-01*<br>*59267-0078-4*<br>*59267-0078-04* | *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)*<br>*0012A (2nd Dose)*<br>*0013A (3rd Dose)* | 18 yrs of age and older | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *1st Dose to 2nd Dose: 28 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *#✓●**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)* | 18 yrs of age and older | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *Refer to FDA/CDC Guidance* |
| *#✓●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* | *#●0094A (Booster)* | 18 yrs of age and older | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05*<br>*80777-0275-05* | *Booster:*<br>*Refer to FDA/CDC Guidance* |
| #✓●91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | #●0111A (1st Dose)<br>#●0112A (2nd Dose) | 6 mo through 5 yrs | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-279-05<br>80777-0279-05 | 1st Dose to 2nd Dose: 1 Month |
| *#✓**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)*<br>*0022A (2nd Dose)* | 18 yrs of age and older | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10*<br>*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)*<br>*0034A (Booster)* | 18 yrs of age and older | *Janssen* | *Janssen COVID-19 Vaccine* | *59676-580-05*<br>*59676-0580-05* | *~~Not Applicable~~*<br>*Booster:*<br>*Refer to FDA/CDC Guidance* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *#✓**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)*<br>*0042A (2nd Dose)* | 18 yrs of age and older | *Novavax, Inc* | *Novavax COVID-19 Vaccine* | *80631-100-01*<br>*80631-1000-01* | *21 Days* |
| #✓●91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | ●0104A (Booster) | 18 yrs of age and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster:<br>Refer to FDA/CDC Guidance |

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May 25, 2022

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 Pfizer 5-11 Booster Dose, Sanofi-GSK Booster Dose, and Moderna 6 mo-5y First and Second Doses

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), American Nurses Association (ANA), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) Pfizer 5-11 booster dose, Sanofi-GSK booster dose, and Moderna 6 mo-5y first and second dose codes.

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.

0074A 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; booster dose

0104A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose

0111A 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, 25 mcg/0.25 mL dosage; first dose

0112A 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, 25 mcg/0.25 mL dosage; second dose

<u>COVID-19 Immunization Administration RUC Recommendations</u>
To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on twenty four (24) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0081A, 0082A, 0094A). 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, 0073A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses

AAFP-ACP-ACOG-ANA-AAP Expert Panel Work Recommendations for CPT Codes 0074A, 0104A, 0111A, 0112A
Based on the RUC work precedent, we recommend the following for CPT codes 0074A, 0104A, 0111A, and 0112A:
0.20 wRVU
7 minutes intra-service time

AAFP-ACP-ACOG-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0074A, 0104A, 0111A,0112A
Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0074A, 0104A, 0111A, and 0112A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk | Adjustments to RUC Direct PE Crosswalk |
|---|---|---|---|---|
| 0074A | Pfizer (tris-sucrose) (5-11) | B | 0071A | Remove 2 minutes CA003 (*Patient record creation and demographic entry*) |
| 0104A | Sanofi-GSK | B | 0054A | |
| 0111A | Moderna | 1st | 0011A | |
| 0112A | Moderna | 2nd | 0012A | |

Thank you for your consideration.

Sincerely,

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

**Charles Hamori, MD**
RUC Advisor
American College of Physicians

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

**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

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CPT Code:0074A Tracking Number ZZ1 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; booster dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent/guardian seeks booster immunization for their 5-year-old child who was previously immunized with a primary series 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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated and assess for adverse reactions to the prior administrations 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 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)** | 05/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0074A | | | | | |
| **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:** | 0074A | **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 |
|---|---|---|---|
| 0071A | 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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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** | 3,292,315 |

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** | 437,242 |

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: 0074A | Top Key Reference CPT Code: 0071A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0074A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0104A Tracking Number ZZ2 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 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose

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## 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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated 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)** | 05/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Charles Hamori, MD; Jon Hathaway, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN | | | | | |
| **Specialty Society(ies):** | AAFP, ACP, ACOG, ANA, AAP | | | | | |
| **CPT Code:** | 0104A | | | | | |
| **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:** | 0104A | **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 |
|---|---|---|---|
| 0054A | 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/0.3 mL dosage, tris-sucrose formulation; booster 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** | 3,292,315 |

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** | 437,242 |

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: 0104A | Top Key Reference CPT Code: 0054A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0104A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

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

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

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

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0111A Tracking Number ZZ3 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, 25 mcg/0.25 mL dosage; first dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The 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)** | 05/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0111A | | | | | |
| **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:** | 0111A | **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 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5 mL 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** | 3,292,315 |

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** | 437,242 |

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: 0111A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0111A, we recommend a crosswalk to CPT code 0011A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (corona disease [COVID-109] vaccine, mRNALNP spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0112A Tracking Number ZZ4 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, 25 mcg/0.25 mL dosage; second dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated 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)** | 05/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Suzanne Berman, MD; Steven Krug, MD; Korinne Van Keuren, DNP, MS, RN | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0112A | | | | | |
| **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:** | 0112A | **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 |
|---|---|---|---|
| 0012A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; 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** | 3,292,315 |

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** | 437,242 |

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:** 0112A | **Top Key Reference CPT Code:** 0012A | **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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0112A, we recommend a crosswalk to CPT code 0012A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (corona disease [COVID-109] vaccine, mRNALNP spike protein, preservative free, 100 mcg/0.5 mL dosage; second dose), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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 Pfizer 5-11 B-Sanofi B-Moderna 6m-5y 1st 2nd | | | | | | | | | | | | | | | | | | | | | | |
| 14 | TAB: | | | | | | | | | | | | | | | | | | | | | | |
| 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 | POST | 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 45 | March 2022 RUC | 0094A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 46 | May 2022 RUC | 0074A | XXX | Immunization administration by intramuscular injection of | Pfizer Tris-Sucrose | 5-11 Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 47 | May 2022 RUC | 0104A | XXX | Immunization administration by intramuscular injection of | Sanofi-GSK | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 48 | May 2022 RUC | 0111A | XXX | Immunization administration by intramuscular injection of | Moderna | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 49 | May 2022 RUC | 0112A | XXX | Immunization administration by intramuscular injection of severe acute respiratory | Moderna | 6mo-5yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |

SS Rec Summary

*SAMPLE COMPLETED WORKSHEET*

**ISSUE:** **[TAB NAME]**

**TAB:** **84**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AH | AI | AJ | AK | AL | AQ | AR | AS | AT | AU |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | | | | | | | Work Per Unit Time | RVW | | | | | Total | PRE | | | INTRA | | | | | IMMD | FAC-inpt/same day | | | | | | | Office | | | | | SURVEY EXPERIENCE | | | | |
| 8 | source | CPT | Global | DESC | Resp | IWPUT | | MIN | 25th | MED | 75th | MAX | Time | EVAL | POSIT | SDW | MIN | 25th | MED | 75th | MAX | POST | 91 | 92 | 33 | 32 | 31 | 38 | 39 | 15 | 14 | 13 | 12 | 11 | MIN | 25th | MED | 75th | MAX |
| 9 | 1st REF | 11111 | 000 | xyz | 30 | 0.029 | 0.032 | | | 4.25 | | | 131 | 5 | 5 | 5 | | | 30 | | | 5 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |
| 10 | 2nd REF | 22222 | 000 | def | 15 | 0.055 | 0.038 | | | 5.15 | | | 137 | 10 | 5 | 5 | | | 35 | | | 5 | | | | | | 1.0 | | | | 1 | 1 | | | | | | |
| 11 | CURRENT | 55555 | 000 | abc | | 0.053 | 0.038 | | | 5.00 | | | 133 | 17 | | | | | 27 | | | 8 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |
| 12 | SVY | 55555 | 000 | abc | 78 | 0.045 | 0.034 | 2.00 | 3.00 | 5.00 | 7.00 | 8.00 | 146 | 10 | 5 | 10 | 15 | 20 | 30 | 35 | 40 | 10 | | | | | 1 | 1.0 | | | | 1 | | | 1 | 25 | 50 | 75 | 100 |
| 13 | REC | 55555 | 000 | abc | | 0.020 | 0.030 | | | 4.25 | | | 142 | 17 | 1 | 3 | | | 30 | | | 10 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |

NOTE: Yellow highlighting indicates issues 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 |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0022A | ADM SARSCOV2 5X10^10VP/.5ML 2 | AstraZeneca | January 2021 | 0012A |
| 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 | 0051A |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0054A | ADM SARSCV2 30MCG TRS-SUCR B | Pfizer | October 2021 | 0051A |
| 0064A | ADM SARSCOV2 50MCG/0.25MLBST | Moderna | October 2021 | 0011A |
| 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 |
| 0073A | ADM SARSCV2 10MCG DIL REC TRS-SUCR 3 | Pfizer | February 2022 (Interim) | 0071A |
| 0074A | ADM SARSCV2 10MCG DIL REC TRS-SUCR B | Pfizer | May 2022 (Interim) | 0071A |
| 0081A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 1 | Pfizer | February 2022 (Interim) | 0071A |
| 0082A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 2 | Pfizer | February 2022 (Interim) | 0072A |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0094A | ADM SARSCOV2 50MCG/0.5MLBST | Moderna | March 2022 (Interim) | 0064A |
| 0104A | ADM SARSCOV2 5MCG/0.5ML MONO ADJ AS03 EMULSION B | Sanofi-GSK | May 2022 (Interim) | 0054A |
| 0111A | ADM SARSCOV2 25MCG/0.25ML 1ST | Moderna | May 2022 (Interim) | 0011A |
| 0112A | ADM SARSCOV2 25MCG/0.25ML 2ND | Moderna | May 2022 (Interim) | 0012A |

**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, 0073A, 0074A, 0081A, 0082A): Remove ultra cold freezer from medical equipment
- Pfizer pediatric doses (0071A, 0072A, 0073A, 0074A, 0081A, 0082A): 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

**Presented During the May 2022 Interim RUC Meeting**

•Sanofi-GSK does not have a first dose from which to crosswalk the booster dose (0104A); however, given the following information about the vaccine product, it is crosswalked from 0054A:

NOTE: Yellow highlighting indicates issues being considered now.

- Multidose vial of 10 doses
- GSK adjuvant emulsion added to Sanofi antigen solution prior to administration; no diluent required
- All 10 doses are mixed at the same time and ready for use; the full 10 doses should be used within 12 hours after mixing with adjuvant
- Typical vaccine refrigeration required; do not freeze; protect from light
- Please note that the Moderna pediatric vaccine (0111A, 0112A) does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0074A, 0104A, 0111A, 0112A**
**SPECIALTY SOCIETY(IES): AAFP, ACP, ACOG, ANA, AAP**
**PRESENTER(S): Megan Adamson, MD; Charles Hamori, MD; Jon Hathaway, 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: May 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0074A | 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; booster dose | XXX |
| 0104A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | XXX |
| 0111A | 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, 25 mcg/0.25 mL dosage; first dose | XXX |
| 0112A | 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, 25 mcg/0.25 mL dosage; second dose | XXX |

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

| CPT Code | Vignette |
|---|---|
| 0074A | A parent/guardian seeks booster immunization for their 5-year-old child who was previously immunized with a primary series 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. |
| 0104A | 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. |
| 0111A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported |

| | |
|---|---|
| | guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0112A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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, ACP, ACOG, 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 Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

   **CPT code 0074A**: We are utilizing CPT code 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) as our crosswalk code.
   **CPT code 0104A**: We are utilizing CPT code 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) as our crosswalk code.
   **CPT code 0111A**: 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. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.
   **CPT code 0112A**: We are utilizing 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) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.

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; 28.1%; 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**
   **For CPT codes 0074A, 0104A, 0112A**: 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.
   **For CPT code 0111A**: 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**
   **For CPT codes 0074A, 0104A, 0111A, 0112A**: 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 codes 0074A, 0104A, and 0111A, as they represent either the initial (0111A) or booster (0074A, 0104A) 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 0074A, 0104A, 0112A: 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 code 0111A: 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)
- 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*):

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<br>Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (ED043)<br>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:**<br>Line 108 (ED043): 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:

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

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 Rebecca Gierhahn at rebecca.gierhahn@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 | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, 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 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- (100%) | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | Perform procedure/service---(50%) (directly related to physician work time | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | 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/ Technical Assistant | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, 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 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | |
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| 124 | | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 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 | 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 | |
| 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- Assist physician or other qualified healthcare professional(100%) | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- Assist physician or other qualified healthcare professional(67%) | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- Endoluminal procedure/service---(QC) (directly related to physician work time | | | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 7 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- (100%) | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- (67%) | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (50%) | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service---(50% 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - | $ 1.58 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 2 | | 35 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | 33 | | | | 33 | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
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| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service---(%) (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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisition | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 35 | | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 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 | 3 | | 3 | | 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--- | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- (100%) | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | | | | | | | | |
| 50 | CA021 | Endoh procedure/service---(QC) (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 1:4 | 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 | |
| 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 RIS | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | |
| 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 | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | | | | | | | | | | |
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| 126 | | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |

| | A | B | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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 | 3 | | 3 | | 2 | | 3 | | 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--- (100%) | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service---(%) 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray orders | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
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| 128 | | | | | | | | | | | | |

| | A | B | BK | BL | BM | BN |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0111A | | 0112A | |
| 3 | | RUC Collaboration Website | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 3.0 | 0.0 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 12.92 | $ - | $ 11.66 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | |
| 16 | CA001 | Complete pre-service diagnostic and referral forms | 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 | |
| 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 (pre- | 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/procedure: | | | | |
| 32 | | Pre-Service (of service period) | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are available | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | 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--- (100%) | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | | | | |
| 50 | CA021 | Perform procedure/service---(QC / directly related to physician work time | 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 1:4 | 4 | | 4 | |
| 59 | CA023 | Monitor patient following procedure/service, no multitasking | | | | |
| 60 | CA024 | Clean room/equipment by clinical staff | 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 RIS | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 3 | | 3 | |
| 71 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | |
| 72 | CA036 | Discharge day management | 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 |
| 81 | CA038 | Coordinate post-procedure services | | | | |
| 82 | | *Office visits: List Number and Level of Office 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 |
| 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 | BK | BL | BM | BN |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0111A | | 0112A | |
| 3 | | RUC Collaboration Website | | | | |
| 4 | Clinical Activity Code | Meeting Date: May 2022<br>Revision Date (if applicable):<br>Tab: 24 COVID-19 IA Pfizer 5-11 Booster-Sanofi-GSK Booster-Moderna 6m-5y 1st 2nd Doses<br>Specialties: AAFP, ACP, ACOG, ANA, AAP | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 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 | $ - |
| 98 | SB033 | mask, surgical | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 0 | | 0 | |
| 106 | Equipment Code | EQUIPMENT | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.85 | $ - | $ 0.76 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | |
| 114 | | | | | | |
| 115 | | | | | | |
| 116 | | | | | | |
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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- 91311) 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, 0073A, 0074A, 0081A, 0082A, 0094A, 0104A, 0111A, 0112A), patient age, 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, 0073A, 0074A, 0081A, 0082A, 0094A, 0104A, 0111A, 0112A and 91300- 91311 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) | Patient Age | 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br>Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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)<br>0052A (2nd Dose)<br>0053A (3rd Dose)<br>0054A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1025-1<br>59267-1025-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br><br>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)<br>0072A (2nd Dose)<br>0073A (3rd Dose)<br>0074A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| | | | | | | | Booster: Refer to FDA/CDC Guidance |
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | 1st Dose to 2nd Dose: 28 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | Refer to FDA/CDC Guidance |
| 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0111A (1st Dose)<br>0112A (2nd Dose) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-279-05<br>80777-0279-05 | 1st Dose to 2nd Dose: 1 Month |
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0094A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | 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)<br>0022A (2nd Dose) | 18 years and older | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>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)<br>0034A (Booster) | 18 years and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>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)<br>0042A (2nd Dose) | 18 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 years and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |

AMA
AMERICAN MEDICAL ASSOCIATION

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July 15, 2022

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 codes, 0083A, 0091A, 0092A, 0093A and 0113A, which describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine. These codes describe the Pfizer-BioNTech Tris-Sucrose Age 6 months through 4 years third dose (0083A), Moderna Age 6 years – 11 years first, second and third dose (0091A, 0092A and 0093A) and Moderna Age 6 months through 5 years third dose (0113A).

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

July 2022

**SARS-CoV-2-Immunization Administration – Pfizer & Moderna**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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 50 mcg/0.25 mL dosage.

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

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 Editorial 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.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A 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 full dose of the Moderna booster (i.e., 50 mcg/0.5 mL).

On April 18, 2022, the CPT Editorial Panel created new code 0074A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) booster dose of the 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). The Panel also created new code 0104A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the Sanofi-GlaxoSmithKline (GSK) booster dose (adjuvant AS03 emulsion).

On May 11, 2022, the CPT Editorial Panel created new codes 0111A and 0112A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the first and second doses of the Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

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In June 2022, the CPT Editorial Panel created five new codes, 0083A, 0091A, 0092A, 0093A and 0113A, and revised one code, 0094A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0083A describes the third dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted). CPT codes 0091A, 0092A and 0093A describe the first, second and third dose of the Moderna vaccine for children 6 years through 11 years of age. CPT code 0094A is the Moderna booster and was revised to specify when administered to individuals 18 years and over. CPT code 0113A is the third dose Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

The vaccine CPT codes (91300-91311) developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

**0083A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 6 months-4 years, Third Dose***
**0091A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 years-11 years, First Dose***
**0092A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 years-11 years, Second Dose***
**0093A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 years-11 years, Third Dose***
**0113A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 months-5 years, Third Dose***

The RUC reviewed the specialty society recommendations for 0083A (Pfizer BioNTech tris-sucrose, age 6 months through 4 years, third dose), 00091A-0093A (Moderna, age 6 years-11 years, first, second and third dose) and 0113A (Moderna, age 6 months-5 years, third dose) and determined they should be valued the same as the previous first, second, third and booster 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 or third doses, the total physician work resources required for the booster, or third 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 third or 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 third doses or pediatric doses nor is there any difference in physician work or time to administer a single dose of the Pfizer-

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BioNTech (either formulation), Moderna, AstraZeneca, Janssen, Novavax or Sanofi-GSK immunizations. The RUC recommends the Pfizer BioNTech tris-sucrose, age 6 months through 4 years, third dose, Moderna, age 6 years-11 years, first, second and third dose and the (Moderna, age 6 months-5 years, third dose, COVID-19 immunization administration be valued the same as the first, second, third and booster doses of the previous established COVID-19 immunization administration codes. **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0083A, 0091A, 0092A, 0093A and 0113A.**

**Practice Expense**

The Practice Expense (PE) Subcommittee 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 immunization administration codes and determined the same direct inputs apply to the Pfizer BioNTech tris-sucrose, age 6 months through 4 years, third dose, Moderna, age 6 years-11 years, first, second and third dose and the (Moderna, age 6 months-5 years, third dose, COVID-19 immunization administration.

The Subcommittee compared the direct PE inputs for the new immunization administration 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 continues to strongly recommend 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 Pfizer pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0074A, 0081A, 0082A and 0083A one 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 Moderna pediatric codes 0091A, 0092A, 0093A, 0111A, 0112A and 0113A do not require reconstitution with a diluent and therefore have 2 minutes allotted for CA013.

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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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A, 0091A, 0111A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0074A, 0082A, 0083A, 0092A, 0093A, 0094A, 0104A, 0112A, 0113A) 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 immunization administration 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 discussed the supply and equipment inputs associated with the Pfizer, Moderna, AstraZeneca, Janssen, Novavax and Sanofi-GSK immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes. 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.* was 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

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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 societies.**

**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, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A and 0113A) 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**<br>**Evaluation and Management**<br>**Preventive Medicine Services**<br><br>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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A*. For vaccine/toxoid products, see 90476-90759, 91300-91311.<br><br>**Medicine**<br>**Immunization Administration for Vaccines/Toxoids**<br><br>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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91311). | | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|

*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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A* for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. Each administration code is specific to each individual vaccine product (eg, 91300-91311), 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, patient age, 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)*

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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 91300-91311, 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 91300-91311, 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)* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Do not report 90473, 90474 in conjunction with 91300-91311, 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, 91308)* | | |
| | *#●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, 91308)* | | |
| | *#●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* | | |
| | *#●0073A* | *third dose* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *#●0074A* | | *booster dose* | | |
| | | *(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)* | | |
| | | *(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308)* | | |
| *#●0081A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose* | | |
| *#●0082A* | | *second dose* | | |
| #●0083A | AA1 | third dose | XXX | 0.20 |
| | | (Report 0081A, 0082A, 0083A for the administration of vaccine 91308) | | |
| | | (Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307) | | |
| *●0011A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 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)* | | |
| | | *(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311)* | | |
| *●0064A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-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)* | | |
| | | *(Do not report 0064A in conjunction with 91301, 91309, 91311)* | | |

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| #●0091A | AA2 | 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/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | XXX | 0.20 |
| #●0092A | AA3 | second dose, when administered to individuals 6 through 11 years | XXX | 0.20 |
| #●0093A | AA4 | third dose, when administered to individuals 6 through 11 years | XXX | 0.20 |

#▲0094A ~~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/0.5 Ml dosage~~ booster dose, when administered to individuals 18 years and over

(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)

(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311)

*●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 booster dose*

*(Report 0031A, 0034A 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*

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| | | | | |
|---|---|---|---|---|
| ●*0042A* | | *second dose* | | |
| | *(Report 0041A, 0042A for the administration of vaccine 91304)* | | | |
| ●*0104A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose* | | | |
| | *(Report 0104A for the administration of vaccine 91310)* | | | |
| ●*0111A* | *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, 25 mcg/0.25 mL dosage; first dose* | | | |
| ●*0112A* | | *second dose* | | |
| ●0113A | AA5 | third dose | XXX | 0.20 |
| | *(Report 0111A, 0112A,* 0113A *for the administration of vaccine 91311)* | | | |
| | *(Do not report 0111A, 0112A,* 0113A *in conjunction with 91301, 91306, 91309)* | | | |

**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, 91300-91311, 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 (91300-91311) 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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A*). All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors,

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vaccine administration codes, patient age, 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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A* 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, 91300-91311, 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, 0073A, 0074A, 0081A, 0082A, *0083A, 0091A, 0092A, 0093A,* 0094A, 0104A, 0111A, 0112A, *0113A*.

*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, 91300-91311, 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.*

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For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, ~~and~~ 0073A, ~~and~~ 0083A, 0093A, and 0113A 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, 0074A, 0094A, and 0104A 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, 0073A, 0074A, 0081A, 0082A, 0083A)

*#✓●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, 0073A, 0074A, 0081A, 0082A, 0083A)

*#✓●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, 0073A, 0074A)*

(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A*)*

*#✓●91308* *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*

(Report 91308 with administration codes 0081A, 0082A, 0083A)

*(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A)*

*#●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*

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| | |
|---|---|
| | *(Report 91301 with administration codes 0011A, 0012A, 0013A)* |
| | (Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A) |
| #✓●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)* |
| | (Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A) |
| #✓●91311 | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* |
| | (Report 91311 with administration codes 0111A, 0112A, 0113A) |
| | (Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A) |
| #✓●91309 | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* |
| | (Report 91309 with administration code 0091A, 0092A, 0093A, 0094A) |
| | (Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, *0113A*) |
| #✓●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)* |

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| | |
|---|---|
| *#⌿●91310* | *Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use* |
| | *(Report 91310 with administration code 0104A)* |
| *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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A) |

**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 (91300-91311) 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A), patient age, 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A and 91300-91311 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**

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

| Vaccine Code | | Vaccine Administration Code(s) | *Patient Age* | 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)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | *12 yrs of age and older* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*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)*<br>*0052A (2nd Dose)*<br>*0053A (3rd Dose)*<br>*0054A (Booster)* | *12 yrs of age and older* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1025-1*<br>*59267-1025-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*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)*<br>*0072A (2nd Dose)*<br>*0073A (3rd Dose)*<br>*0074A (Booster)* | *5 yrs through 11 yrs* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1055-1*<br>*59267-1055-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days*<br><br>*Booster: Refer to FDA/CDC Guidance* |
| ***#✓●91308*** | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use* | *#●0081A (1st Dose)*<br>*#●0082A (2nd Dose)*<br>#●0083A (3rd Dose) | *6 mo through 4 yrs* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-0078-1*<br>*59267-0078-01*<br>*59267-0078-4*<br>*59267-0078-04* | *1st Dose to 2nd Dose: 21 Days*<br><br>*3rd Dose: Refer to FDA/CDC Guidance* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ***#●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)*<br>*0012A (2nd Dose)*<br>*0013A (3rd Dose)* | *~~1~~812 years and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *1st Dose to 2nd Dose: 28 Days*<br><br>*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)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *Refer to FDA/CDC Guidance* |
| *#~~✓~~●**91311*** | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* | *#●0111A (1st Dose)*<br>*#●0112A (2nd Dose)*<br>*#●0113A (3rd Dose)* | *6 mo through 5 yrs* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-279-05*<br>*80777-0279-05* | *1st Dose to 2nd Dose: 1 Month*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |
| *#~~✓~~●**91309*** | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* | *#●0091A (1st Dose)*<br>*#●0092A (2nd Dose)*<br>*#●0093A (3rd Dose)* | *6 years through 11 years* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05*<br>*80777-0275-05* | *1st Dose to 2nd Dose: 1 Month*<br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |
| | | *#I0094A (Booster)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05*<br>*80777-0275-05* | *Booster: 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)*<br>*0022A (2nd Dose)* | *18 yrs of age and older* | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10*<br>*00310-1222-10* | *28 Days* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| #●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)<br>0034A (Booster) | 18 yrs of age and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>59676-0580-05 | ~~Not Applicable~~<br><br>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)<br>0042A (2nd Dose) | 18 yrs of age and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |
| #⌿●91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 yrs of age and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br><br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |

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July 11, 2022

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 Pfizer 6 mo-4yr Third Dose, Moderna 6-11 First, Second, Third Doses, Moderna 6 mo-5yr-Third Dose

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP),American Nurses Association (ANA), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the COVID-19 Immunization Administration (IA) Pfizer 6 mo-4 yr third dose code, Moderna 6-11 first, second, and third dose codes, and Moderna 6 mo-5 yr third dose code.

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.

0083A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

0091A 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/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years

0092A 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years

0093A 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years

0113A 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, 25 mcg/0.25 mL dosage; third dose

<u>COVID-19 Immunization Administration RUC Recommendations</u>

To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on twenty eight (28) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A,

0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0094A, 0104A, 0111A, 0112A). 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, 0073A, 0081A, 0082A, 0083A): Remove ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A, 0083A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses
- Sanofi-GSK does not have a first dose from which to crosswalk the booster dose (0104A); however, given the following information about the vaccine product, it is crosswalked from 0054A:
  •Multidose vial of 10 doses
  •GSK adjuvant emulsion added to Sanofi antigen solution prior to administration; no diluent required
  •All 10 doses are mixed at the same time and ready for use; the full 10 doses should be used within 12 hours after mixing with adjuvant
  •Typical vaccine refrigeration required; do not freeze; protect from light
- The Moderna pediatric vaccines (0091A, 0092A, 0093A, 0111A, 0112A, 0113A) do not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric vaccines

AAFP-ANA-AAP Expert Panel Work Recommendations for CPT Codes 0083A, 0091A, 0092A, 0093A, 0113A
Based on the RUC work precedent, we recommend the following for CPT codes 0083A, 0091A, 0092A, 0093A, 0113A:
0.20 wRVU
7 minutes intra-service time

AAFP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0083A, 0091A, 0092A, 0093A, 0113A

Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0083A, 0091A, 0092A, 0093A, 0113A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk | Adjustments to RUC Direct PE Crosswalk |
|---|---|---|---|---|
| 0083A | Pfizer (tris-sucrose) (6 mo-4 yr) | 3rd | 0081A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |
| 0091A | Moderna | 1st | 0111A | |
| 0092A | Moderna | 2nd | 0112A | |
| 0093A | Moderna | 3rd | 0111A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |
| 0113A | Moderna | 3rd | 0111A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |

Thank you for your consideration.

Sincerely,

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

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CPT Code:0083A 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, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 07/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0083A | | | | | |
| **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:** | 0083A | **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 |
|---|---|---|---|
| 0081A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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:** 0083A | **Top Key Reference CPT Code:** 0081A | **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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0083A, we recommend a crosswalk to CPT code 0081A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0091A 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, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The 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)** | 07/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0091A | | | | | |
| **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:** | 0091A | **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 |
|---|---|---|---|
| 0111A | 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, 25 mcg/0.25 mL 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** | 3,292,315 |

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** | 437,242 |

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: 0091A | Top Key Reference CPT Code: 0111A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0091A, we recommend a crosswalk to CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0092A Tracking Number AA3 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated 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)** | 07/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0092A | | | | | |
| **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:** | 0092A | **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 |
|---|---|---|---|
| 0112A | 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, 25 mcg/0.25 mL dosage; 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** | 3,292,315 |

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** | 437,242 |

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:** 0092A | **Top Key Reference CPT Code:** 0112A | **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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0092A, we recommend a crosswalk to CPT code 0112A (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, 25 mcg/0.25 mL dosage; second dose), with 0.20 wRVUs and 7 minutes intraservice time.

---

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

---

**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0093A Tracking Number AA4 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years

---

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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 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)** | 07/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0093A | | | | | |
| **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:** | 0093A | **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 |
|---|---|---|---|
| 0111A | 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, 25 mcg/0.25 mL 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** | 3,292,315 |

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** | 437,242 |

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: 0093A | Top Key Reference CPT Code: 0111A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0093A, we recommend a crosswalk to CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose), with 0.20 wRVUs and 7 minutes intraservice time. While precedent would indicate that we use CPT code 0091A (ie, the first dose in the series) as our crosswalk code, we are unable to do that in this situation since CPT code 0091A is undergoing simultaneous RUC review. Therefore, we are utilizing CPT code 0111A as our crosswalk code as this is also the crosswalk code for CPT code 0091A.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0113A Tracking Number AA5 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, 25 mcg/0.25 mL dosage; third dose

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**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 07/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0113A | | | | | |
| **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:** | 0113A | **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 |
|---|---|---|---|
| 0111A | 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, 25 mcg/0.25 mL 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** | 3,292,315 |

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** | 437,242 |

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: 0113A | Top Key Reference CPT Code: 0111A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0113A, we recommend a crosswalk to CPT code 0111A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (corona disease [COVID-109] vaccine, mRNA-LNP spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose), with 0.20 wRVUs and 7 minutes intraservice time.

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**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 Pfizer 6m-4y 3rd-Moderna 6-11 1st 2nd 3rd-6m-5y 3rd | | | | | | | | | | | | | | | | | | | | | | |
| 14 | TAB: | | | | | | | | | | | | | | | | | | | | | | |
| 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 | POST | 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 45 | March 2022 RUC | 0094A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 46 | May 2022 RUC | 0074A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 47 | May 2022 RUC | 0104A | XXX | Immunization administration by intramuscular injection of severe | Sanofi-GSK | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 48 | May 2022 RUC | 0111A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 49 | May 2022 RUC | 0112A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 50 | July 2022 RUC | 0083A | XXX | Immunization administration by intramuscular injection of | Pfizer Tris-Sucrose | 6mo-4yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 51 | July 2022 RUC | 0091A | XXX | Immunization administration by intramuscular injection of | Moderna | 6-11 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 52 | July 2022 RUC | 0092A | XXX | Immunization administration by intramuscular injection of severe acute respiratory | Moderna | 6-11 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 53 | July 2022 RUC | 0093A | XXX | Immunization administration by intramuscular injection of | Moderna | 6-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 54 | July 2022 RUC | 0113A | XXX | Immunization administration by intramuscular injection of | Moderna | 6mo-5yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |

SS Rec Summary

*SAMPLE COMPLETED WORKSHEET*

**ISSUE:** **[TAB NAME]**

**TAB:** **84**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AH | AI | AJ | AK | AL | AQ | AR | AS | AT | AU |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | | | | | | | Work Per Unit Time | RVW | | | | | Total | PRE | | | INTRA | | | | | IMMD | FAC-inpt/same day | | | | | | | Office | | | | | SURVEY EXPERIENCE | | | | |
| 8 | source | CPT | Global | DESC | Resp | IWPUT | | MIN | 25th | MED | 75th | MAX | Time | EVAL | POSIT | SDW | MIN | 25th | MED | 75th | MAX | POST | 91 | 92 | 33 | 32 | 31 | 38 | 39 | 15 | 14 | 13 | 12 | 11 | MIN | 25th | MED | 75th | MAX |
| 9 | 1st REF | 11111 | 000 | xyz | 30 | 0.029 | 0.032 | | | 4.25 | | | 131 | 5 | 5 | 5 | | | 30 | | | 5 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |
| 10 | 2nd REF | 22222 | 000 | def | 15 | 0.055 | 0.038 | | | 5.15 | | | 137 | 10 | 5 | 5 | | | 35 | | | 5 | | | | | | 1.0 | | | | 1 | 1 | | | | | | |
| 11 | CURRENT | 55555 | 000 | abc | | 0.053 | 0.038 | | | 5.00 | | | 133 | 17 | | | | | 27 | | | 8 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |
| 12 | SVY | 55555 | 000 | abc | 78 | 0.045 | 0.034 | 2.00 | 3.00 | 5.00 | 7.00 | 8.00 | 146 | 10 | 5 | 10 | 15 | 20 | 30 | 35 | 40 | 10 | | | | | 1 | 1.0 | | | | 1 | | | 1 | 25 | 50 | 75 | 100 |
| 13 | REC | 55555 | 000 | abc | | 0.020 | 0.030 | | | 4.25 | | | 142 | 17 | 1 | 3 | | | 30 | | | 10 | | | | | 1 | 1.0 | | | | 1 | | | | | | | |

NOTE: Yellow highlighting indicates issues 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 |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0022A | ADM SARSCOV2 5X10^10VP/.5ML 2 | AstraZeneca | January 2021 | 0012A |
| 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 | 0051A |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0054A | ADM SARSCV2 30MCG TRS-SUCR B | Pfizer | October 2021 | 0051A |
| 0064A | ADM SARSCOV2 50MCG/0.25MLBST | Moderna | October 2021 | 0011A |
| 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 |
| 0073A | ADM SARSCV2 10MCG DIL REC TRS-SUCR 3 | Pfizer | February 2022 (Interim) | 0071A |
| 0074A | ADM SARSCV2 10MCG DIL REC TRS-SUCR B | Pfizer | May 2022 (Interim) | 0071A |
| 0081A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 1 | Pfizer | February 2022 (Interim) | 0071A |
| 0082A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 2 | Pfizer | February 2022 (Interim) | 0072A |

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0083A | ADM SARSCV2 3MCG DIL REC TRS-SUCR 3 | Pfizer | July 2022 (Interim) | 0081A |
| 0091A | ADM SARSCOV2 50MCG/0.50ML 1ST | Moderna | July 2022 (Interim) | 0111A |
| 0092A | ADM SARSCOV2 50MCG/0.50ML 2ND | Moderna | July 2022 (Interim) | 0112A |
| 0093A | ADM SARSCOV2 50MCG/0.50ML 3RD | Moderna | July 2022 (Interim) | 0111A |
| 0094A | ADM SARSCOV2 50MCG/0.50ML BST | Moderna | March 2022 (Interim) | 0064A |
| 0104A | ADM SARSCOV2 5MCG/0.5ML MONO ADJ AS03 EMULSION B | Sanofi-GSK | May 2022 (Interim) | 0054A |
| 0111A | ADM SARSCOV2 25MCG/0.25ML 1ST | Moderna | May 2022 (Interim) | 0011A |

**Commented [WL1]:** While precedent would indicate that we use CPT code 0091A (ie, the first dose in the series) as our crosswalk code, we are unable to do that in this situation since CPT code 0091A is undergoing simultaneous RUC review. Therefore, we are utilizing CPT code 0111A as our crosswalk code as this is also the crosswalk code for CPT code 0091A.

NOTE: Yellow highlighting indicates issues being considered now.

| CPT Code or HCPCS Code | CPT or HCPCS Short Descriptor | Labeler Name | RUC Meeting | RUC Recommended Crosswalk |
|---|---|---|---|---|
| 0112A | ADM SARSCOV2 25MCG/0.25ML 2ND | Moderna | May 2022 (Interim) | 0012A |
| 0113A | ADM SARSCOV2 25MCG/0.25ML 3RD | Moderna | July 2022 (Interim) | 0111A |

**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 tris-sucrose doses (0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A): Remove ultra cold freezer from medical equipment
- Pfizer pediatric doses (0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A): 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

**Approved During the May 2022 Interim RUC Meeting**

- Sanofi-GSK does not have a first dose from which to crosswalk the booster dose (0104A); however, given the following information about the vaccine product, it is crosswalked from 0054A:
  - Multidose vial of 10 doses
  - GSK adjuvant emulsion added to Sanofi antigen solution prior to administration; no diluent required
  - All 10 doses are mixed at the same time and ready for use; the full 10 doses should be used within 12 hours after mixing with adjuvant
  - Typical vaccine refrigeration required; do not freeze; protect from light
- Please note that the Moderna pediatric vaccines (0091A, 0092A, 0093A, 0111A, 0112A, 0113A) do not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric vaccines.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):0083A, 0091A, 0092A, 0093A, 0113A**

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

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

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

**Meeting Date: July 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0083A | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | XXX |
| 0091A | 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/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | XXX |
| 0092A | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years | XXX |
| 0093A | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years | XXX |
| 0113A | 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, 25 mcg/0.25 mL dosage; third dose | XXX |

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

| CPT Code | Vignette |
|---|---|
| 0083A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0091A | A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |

| | |
|---|---|
| 0092A | A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0093A | A parent or guardian of a 7-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0113A | A parent or guardian of a 1-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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, 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 Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

   **CPT code 0083A**: We are utilizing CPT code 0081A (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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose) as our crosswalk code.
   **CPT code 0091A**: We are utilizing CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.
   **CPT code 0092A**: We are utilizing CPT code 0112A (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, 25 mcg/0.25 mL dosage; second dose) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.
   **CPT code 0093A**: We are utilizing CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses. Additionally, while

precedent would indicate that we use CPT code 0091A (ie, the first dose in the series) as our crosswalk code, we are unable to do that in this situation since CPT code 0091A is undergoing simultaneous RUC review. Therefore, we are utilizing CPT code 0111A as our crosswalk code as this is also the crosswalk code for CPT code 0091A.
**CPT code 0113A:** We are utilizing CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.

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; 28.1%; 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**
**For CPT codes 0083A, 0092A, 0093A, 0113A**: 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.
**For CPT code 0091A**: 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**
**For CPT codes 0083A, 0091A, 0092A, 0093A, 0113A**: 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 codes 0083A, 0091A, 0093A, and 0113A, as they represent either the first (0091A) or third (0083A, 0093A, 0113A) 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 0083A, 0092A, 0093A, 0113A: 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 code 0091A: 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)
- 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*):

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<br>Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (ED043)<br>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:**<br>Line 108 (ED043): 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 Rebecca Gierhahn at rebecca.gierhahn@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 | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, 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 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 | | | | | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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--- Assist physician or other qualified healthcare professional(100%) | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- Assist physician or other qualified healthcare professional(67%) | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- Perform procedure/service---NO (directly related to physician work time | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | 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/ Technical Assistant | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, 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 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
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| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 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 | 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 | |
| 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- *Assist physician or other qualified healthcare professional (100%)* | | | | | | | | | | |
| 48 | CA019 | | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- *Endoluminal procedure/service (NOT directly related to physician work time)* | | | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 7 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- *Assist physician or other qualified healthcare professional (100%)* | | | | | | | | | | |
| 48 | CA019 | | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- *Endoluminal procedure/service--(%) directly related to physician work time* | | | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - | $ 1.58 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 2 | | 35 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | 33 | | | | 33 | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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--- *Assist physician or other qualified healthcare professional (100%)* | | | | | | | | | | |
| 48 | CA019 | | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- *Perform procedure/service--- (QC / directly related to physician work time* | | | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisition | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 35 | | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 128 | | | | | | | | | | | | |

| | A | B | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 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 | 3 | | 3 | | 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--- Assist physician or other qualified healthcare professional (100%) | | | | | | | | |
| 48 | CA019 | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- Perform procedure/service---(%) (directly related to physician work time | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray results | | | | | | | | |
| 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 RIS | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | |
| 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 | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | | | | | | | | | | |
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| 126 | | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |

| | A | B | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and | | 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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 | 3 | | 3 | | 2 | | 3 | | 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--- (100%) | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service---(%) 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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 | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and | | 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| | A | B | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0111A | | 0112A | | 0083A | | 0091A | | 0092A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st Dose | | Moderna 6-11 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.77 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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 | | 3 | | 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--- Assist physician or other qualified healthcare professional (100%) | | | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- Assist physician or other qualified healthcare professional (67%) | | | | | | | | | | |
| 49 | CA020 | Perform procedure/service---(QC) (directly related to physician work time | | | | | | | | | | |
| 50 | CA021 | | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0111A | | 0112A | | 0083A | | 0091A | | 0092A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st Dose | | Moderna 6-11 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.83 | $ - | $ 0.85 | $ - | $ 0.76 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 36 | | 37 | | 33 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 36 | | 37 | | 33 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | BU | BV | BW | BX |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0093A | | 0113A | |
| 3 | | RUC Collaboration Website | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 | | 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, 25 mcg/0.25 mL dosage; third dose | |
| 5 | | | Moderna 6-11<br>3rd Dose | | Moderna 6 mo-5<br>3rd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 3.0 | 0.0 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | |
| 16 | CA001 | Complete pre-service diagnostic and referral forms | 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 | |
| 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 (pre- | 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/procedure: | | | | |
| 32 | | Pre-Service (of service period) | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are available | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | 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--- (100%) | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- (67%) | | | | |
| 50 | CA021 | Perform procedure/service---(QC) directly related to physician work time | 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 1:4 | 4 | | 4 | |
| 59 | CA023 | Monitor patient following procedure/service, no multitasking | | | | |
| 60 | CA024 | Clean room/equipment by clinical staff | 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 RIS | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 3 | | 3 | |
| 71 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | |
| 72 | CA036 | Discharge day management | 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 |
| 81 | CA038 | Coordinate post-procedure services | | | | |
| 82 | | *Office visits: List Number and Level of Office 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 |
| 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 | BU | BV | BW | BX |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0093A | | 0113A | |
| 3 | | RUC Collaboration Website | | | | |
| 4 | Clinical Activity Code | Meeting Date: July 2022<br>COVID-19 IA Pfizer 6m-4y 3rd Dose, Moderna 6-11 1st, 2nd, 3rd Doses, Moderna 6m-5y 3rd Dose<br>Specialties: AAFP, ANA, AAP | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 | | 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, 25 mcg/0.25 mL dosage; third dose | |
| 5 | | | Moderna 6-11<br>3rd Dose | | Moderna 6 mo-5<br>3rd Dose | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 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 | $ - |
| 98 | SB033 | mask, surgical | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 0 | | 0 | |
| 106 | Equipment Code | EQUIPMENT | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | |
| 114 | | | | | | |
| 115 | | | | | | |
| 116 | | | | | | |
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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- 91311) 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A), patient age, 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, and 91300-91311 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) | Patient Age | 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br>Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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)<br>0052A (2nd Dose)<br>0053A (3rd Dose)<br>0054A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine/Comirnaty | 59267-1025-1<br>59267-1025-01<br>00069-2025-1<br>00069-2025-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br><br>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)<br>0072A (2nd Dose)<br>0073A (3rd Dose)<br>0074A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| | | | | | | | Booster: Refer to FDA/CDC Guidance |
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose)<br>0083A (3rd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose: Refer to FDA/CDC Guidance |
| 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | 12 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | 1st Dose to 2nd Dose: 28 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | Refer to FDA/CDC Guidance |
| 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0111A (1st Dose)<br>0112A (2nd Dose)<br>0113A (3rd Dose) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-279-05<br>80777-0279-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0091A (1st Dose)<br>0092A (2nd Dose)<br>0093A (3rd Dose) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month |
| | | 0094A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster: 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)<br>0022A (2nd Dose) | 18 years and older | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>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)<br>0034A (Booster) | 18 years and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>59676-0580-05 | Booster: Refer to FDA/CDC Guidance |

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|---|---|---|---|---|---|---|---|
| 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)<br>0042A (2nd Dose) | 18 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |
| 91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 years and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |

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September 16, 2022

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 codes, 0124A, 0134A, 0144A and 0154A, which describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine.

These four codes describe the bivalent booster of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for individuals 12 years of age and older (0124A), the bivalent booster of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 5 years through 11 years of age (0154A), the bivalent booster of the Moderna vaccine for individuals 18 years or older (0134A), and the bivalent booster of the Moderna vaccine for children 6 years through 11 years of age (0144A).

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
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Scott Lawrence
Karen Nakano, MD
Michael Soracoe
Gift Tee

AMA/Specialty Society RVS Update Committee Summary of Recommendations

August 2022

**SARS-CoV-2-Immunization Administration – Pfizer & Moderna Bivalent Boosters**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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 50 mcg/0.25 mL dosage.

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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 Editorial 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.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A 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 full dose of the Moderna booster (i.e., 50 mcg/0.5 mL).

On April 18, 2022, the CPT Editorial Panel created new code 0074A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) booster dose of the 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). The Panel also created new code 0104A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the Sanofi-GlaxoSmithKline (GSK) booster dose (adjuvant AS03 emulsion).

On May 11, 2022, the CPT Editorial Panel created new codes 0111A and 0112A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the first and second doses of the Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

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In June 2022, the CPT Editorial Panel created five new codes, 0083A, 0091A, 0092A, 0093A and 0113A, and revised one code, 0094A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0083A describes the third dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted). CPT codes 0091A, 0092A and 0093A describe the first, second and third dose of the Moderna vaccine for children 6 years through 11 years of age. CPT code 0094A is the Moderna booster and was revised to specify when administered to individuals 18 years and over. CPT code 0113A is the third dose Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

In August 2022, the CPT Editorial Panel created four new codes, 0124A, 0134A, 0144A and 0154A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) bivalent boosters. CPT code 0124A describes the bivalent booster dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for individuals 12 years of age and older. CPT code 0154A describes the bivalent booster dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 5 years through 11 years of age (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted). CPT code 0134A describes the bivalent booster of the Moderna vaccine for individuals 18 years or older and CPT code 0144A describes the bivalent booster of the Moderna vaccine for children 6 years through 11 years of age (i.e., 25 mcg/0.25 mL dosage).

The vaccine CPT codes (91300-91315) developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

**0124A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 12 Years and Older, Bivalent Booster Dose***
**0134A** ***SARS-CoV-2-Immunization Administration – Moderna Age 18 Years and Older, Bivalent Booster Dose***
**0144A** ***SARS-CoV-2-Immunization Administration – Moderna Age 6 years through 11 years, Bivalent Booster Dose***
**0154A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose Age 5 through 11 Years, Bivalent Booster Dose***

The RUC reviewed the specialty society recommendations for the bivalent booster vaccine administration codes 0124A, 0134A, 0144A and 0154A and determined they should be valued the same as the previous first, second, third and booster 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).

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In the case of some COVID-19 vaccines requiring booster or third doses, the total physician work resources required for the booster, or third 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 third or 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 third 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, Novavax or Sanofi-GSK immunizations. The RUC recommends the Pfizer BioNTech tris-sucrose, bivalent boosters and the Moderna bivalent boosters COVID-19 immunization administration be valued the same as the first, second, third and booster doses of the previous established COVID-19 immunization administration codes. **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0124A, 0134A, 0144A and 0154A.**

**Practice Expense**

The Practice Expense (PE) Subcommittee 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 immunization administration codes and determined the same direct inputs apply to the Pfizer BioNTech tris-sucrose bivalent boosters and Moderna bivalent boosters COVID-19 immunization administration.

The Subcommittee compared the direct PE inputs for the new immunization administration 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 continues to strongly recommend 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.

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For Pfizer pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A and 0154A, one 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 Moderna pediatric codes 0091A, 0092A, 0093A, 0111A, 0112A, 0113A and 0144A, do not require reconstitution with a diluent and therefore have 2 minutes allotted for CA013.

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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A, 0091A, 0111A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0074A, 0082A, 0083A, 0092A, 0093A, 0094A, 0104A, 0112A, 0113A, 0124A, 0134A, 0144A and 0154A) 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 immunization administration 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 discussed the supply and equipment inputs associated with the Pfizer, Moderna, AstraZeneca, Janssen, Novavax and Sanofi-GSK immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes. 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.* was 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

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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 societies.**

**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, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A and 0154A) 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**<br>**Evaluation and Management**<br>**Preventive Medicine Services**<br><br>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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, *0124A, 0134A, 0144A, 0154A*. For vaccine/toxoid products, see 90476-90759, 91300-*91315*.<br><br>**Medicine**<br>**Immunization Administration for Vaccines/Toxoids**<br><br>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, 0073A, 0074A, 0081A, 0082A, | | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
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| 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, *0124A, 0134A, 0144A, 0154A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-*91315*).<br><br>*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.)*<br><br>Report 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, *0124A, 0134A, 0144A, 0154A* 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-*91315*), 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, patient age, 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.<br><br>*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.*<br><br>*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.*<br><br>*(For allergy testing, see 95004 et seq)*<br><br>*(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)*<br><br>*(For therapeutic or diagnostic injections, see 96372-96379)* | | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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 91300-91315, 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 91300-91315, 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)* | | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(Do not report 90473, 90474 in conjunction with 91300-91315, 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, 91308, 91312, 91315)* | | |
| *#●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, 91308, 91312, 91315)* | | |
| #●0124A | BB1 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose<br>(Report 0124A for the administration of vaccine 91312) | XXX | 0.20 |

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| | | (Do not report 0124A in conjunction with 91300, 91305, 91307, 91308, 91315) | | |
| *#●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* | | | |
| *#●0073A* | *third dose* | | | |
| *#●0074A* | *booster dose* | | | |
| | *(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)* | | | |
| | *(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315)* | | | |
| #●0154A | BB2 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose<br>(Report 0154A for the administration of vaccine 91315)<br>(Do not report 0154A in conjunction with 91300, 91305, 91307, 91308, 91312) | XXX | 0.20 |
| *#●0081A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose* | | | |
| *#●0082A* | *second dose* | | | |
| *#●0083A* | *third dose* | | | |
| | *(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)* | | | |
| | *(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)* | | | |
| *●0011A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose* | | | |

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| *●0012A* | *second dose* | | | |
| *●0013A* | *third dose* | | | |
| | *(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)* | | | |
| | *(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314)* | | | |
| *●0064A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-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)* | | | |
| | *(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314)* | | | |
| #●0134A | BB3 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose<br>(Report 0134A for the administration of vaccine 91313)<br>(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314) | XXX | 0.20 |
| #●0144A | BB4 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose<br>(Report 0144A for the administration of vaccine 91314)<br>(Do not report 0124A in conjunction with 91301, 91306, 91311, 91309, 91313) | XXX | 0.20 |
| *#●0091A* | *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/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years* | | | |

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| *#●0092A* | *second dose, when administered to individuals 6 through 11 years* |
| *#●0093A* | *third dose, when administered to individuals 6 through 11 years* |
| *#▲0094A* | *~~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/0.5 Ml dosage~~ booster dose, when administered to individuals 18 years and over* |
| | *(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)* |
| | *(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311,* 91313, 91314) |
| *●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* | *booster dose* |
| | *(Report 0031A, 0034A 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)* |
| *●0104A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose* |
| | *(Report 0104A for the administration of vaccine 91310)* |
| *●0111A* | *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, 25 mcg/0.25 mL dosage; first dose* |

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| ●*0112A* | *second dose* |
| ●*0113A* | *third dose* |

*(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)*

*(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314)*

**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, 91300-91315, 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 (91300-91315) 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A). 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, patient age, 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A 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, 91300-91315, 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,*

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*0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A,* 0124A, 0134A, 0144A, 0154A.

*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-*91315*, 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, 0053A, 0073A, 0083A, 0093A, and 0113A 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, 0064A, 0074A, 0094A, 0104A,* 0124A, 0134A, 0144A, 0154A *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)*

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| | *(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A,* 0124A, 0154A*)* |
| *#✓●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*<br>*(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)*<br>*(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A,* 0124A, 0154A*)* |
| #✓●91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use<br>(Report 91312 with administration code 0124A)<br>(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0154A) |
| *#✓●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*<br>*(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)*<br>*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A,* 0124A, 0154A*)* |
| #✓●91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use<br>(Report 91315 with administration code 0154A)<br>(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A) |
| *#✓●91308* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*<br>*(Report 91308 with administration codes 0081A, 0082A, 0083A)*<br>*(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A,* 0124A, 0154A*)* |

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| *#●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*<br><br>*(Report 91301 with administration codes 0011A, 0012A, 0013A)*<br><br>*(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A,* 0134A, 0144A) |
| *#✓●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*<br><br>*(Report 91306 with administration code 0064A)*<br><br>*(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A,* 0134A, 0144A) |
| #✓●91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use<br><br>(Report 91313 with administration code 0134A)<br><br>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0144A) |
| #✓●91314 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use<br><br>(Report 91314 with administration code 0144A)<br><br>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A) |
| *#✓●91311* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use*<br><br>*(Report 91311 with administration codes 0111A, 0112A, 0113A)*<br><br>*(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A,* 0134A, 0144A*)* |
| *#✓●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use*<br><br>*(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)* |

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|---|---|
| | *(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0144A)* |
| *#⌁●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)* |
| *#⌁●91310* | *Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use* |
| | *(Report 91310 with administration code 0104A)* |
| *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**<br>**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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A)* |

***Appendix Q***

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

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*This table links the individual severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine product codes (91300-91315) 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A), patient age, 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A and 91300-91315 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) | *Patient Age* | 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)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | *12 yrs of age and older* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*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)*<br>*0052A (2nd Dose)*<br>*0053A (3rd Dose)*<br>*0054A (Booster)* | *12 yrs of age and older* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1025-1*<br>*59267-1025-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster: Refer to FDA/CDC Guidance* |

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| | | | | | | |
|---|---|---|---|---|---|---|
| #⌁●91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | #●0124A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0304-1<br>59267-0304-01<br><br>59267-1404-1<br>59267-1404-01 | 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)*<br>*0072A (2nd Dose)*<br>*0073A (3rd Dose)*<br>*0074A (Booster)* | *5 yrs through 11 yrs* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-1055-1*<br>*59267-1055-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days*<br><br>*Booster: Refer to FDA/CDC Guidance* |
| #⌁●91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | #●0154A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0565-1<br><br>59267-0565-01 | Booster: Refer to FDA/CDC Guidance |
| *#⌁●91308* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use* | *#●0081A (1st Dose)*<br>*#●0082A (2nd Dose)*<br>*#●0083A (3rd Dose)* | *6 mo through 4 yrs* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-0078-1*<br>*59267-0078-01*<br>*59267-0078-4*<br>*59267-0078-04* | *1st Dose to 2nd Dose: 21 Days*<br><br>*3rd Dose: Refer to FDA/CDC Guidance* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *#●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)*<br>*0012A (2nd Dose)*<br>*0013A (3rd Dose)* | *~~18~~12 years and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine/ Spikevax* | *80777-273-10*<br>*80777-0273-10*<br>*80777-100-11*<br>*80777-0100-11* | *1st Dose to 2nd Dose: 28 Days*<br><br>*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)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *Refer to FDA/CDC Guidance* |
| #✓●91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID]-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | #●0134A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |
| #✓●91314 | Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | #●0144A (Booster) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |
| *#✓●91311* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* | *#●0111A (1st Dose)*<br>*#●0112A (2nd Dose)*<br>*#●0113A (3rd Dose)* | *6 mo through 5 yrs* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-279-05*<br>*80777-0279-05* | *1st Dose to 2nd Dose: 1 Month*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |
| *#✓●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50* | *#●0091A (1st Dose)*<br>*#●0092A (2nd Dose)*<br>*#●0093A (3rd Dose)* | *6 years through 11 years* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05*<br>*80777-0275-05* | *1st Dose to 2nd Dose: 1 Month*<br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *mcg/0.5 mL dosage, for intramuscular use* | *#I0094A (Booster)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05*<br>*80777-0275-05* | *Booster: 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)*<br>*0022A (2nd Dose)* | *18 yrs of age and older* | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10*<br>*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)*<br>*0034A (Booster)* | *18 yrs of age and older* | *Janssen* | *Janssen COVID-19 Vaccine* | *59676-580-05*<br>*59676-0580-05* | *~~Not Applicable~~*<br>*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)*<br>*0042A (2nd Dose)* | *18 yrs of age and older* | *Novavax, Inc* | *Novavax COVID-19 Vaccine* | *80631-100-01*<br>*80631-1000-01* | *21 Days* |
| *#⚡●91310* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use* | *0104A (Booster)* | *18 yrs of age and older* | *Sanofi Pasteur* | *Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization)* | *49281-618-20*<br>*49281-0618-20* | *Booster: Refer to FDA/CDC Guidance* |

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September 08, 2022

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 Pfizer 5-11yr Booster (0154A), Pfizer 12+ Booster (0124A), Moderna 6-11yr Booster (0144A), Moderna 18+ Booster (0134A)

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American Nurses Association (ANA), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the newly approved bivalent COVID-19 Immunization Administration (IA): Pfizer 5-11 yr Booster, Pfizer 12+ Booster, Moderna 6-11 yr Booster, Moderna 18+ Booster.

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.

0124A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose {Pfizer Bivalent 12 yrs+}

0134A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose {Moderna Bivalent 18 yrs+}

0144A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 25 mcg/0.25 mL dosage, booster dose {Moderna Bivalent 6-11 yrs}

0154A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose {Pfizer Bivalent 5-11 yrs}

<u>COVID-19 Immunization Administration RUC Recommendations</u>

To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on thirty three (33) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A,

0112A, 0113A). 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 need for dilution to achieve a smaller 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, 0073A, 0081A, 0082A, 0083A): Removed the ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A, 0083A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses
- Sanofi-GSK does not have a first dose from which to crosswalk the booster dose (0104A); however, given the following information about the vaccine product, it is crosswalked from 0054A:
  •Multidose vial of 10 doses
  •GSK adjuvant emulsion added to Sanofi antigen solution prior to administration; no diluent required
  •All 10 doses are mixed at the same time and ready for use; the full 10 doses should be used within 12 hours after mixing with adjuvant
  •Typical vaccine refrigeration required; do not freeze; protect from light
- The Moderna pediatric vaccines (0091A, 0092A, 0093A, 0111A, 0112A, 0113A) do not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric vaccines

AAFP-ANA-AAP Expert Panel Work Recommendations for CPT Codes 0124A, 0134A, 0144A, 0154A:

Based on the RUC work precedent, we recommend the following for CPT codes 0124A, 0134A, 0144A, 0154A:

0.20 wRVU
7 minutes intra-service time

ACP-ACOG-AAFP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0124A, 0134A, 0144A, 0154A:

Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0124A, 0134A, 0144A, 0154A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk |
|---|---|---|---|
| 0124A | Pfizer (Bivalent) (12+) | Booster | 0064A |
| 0134A | Moderna (Bivalent) (18+) | Booster | 0064A |
| 0144A | Moderna (Bivalent) (6-11) | Booster | 0064A |
| 0154A | Pfizer (Bivalent) (5-11) | Booster | 0064A |
| | | | |

- *We are requesting an additional minute in CA013 for clinical staff time typically required for reconstituting pediatric doses in code 0154A

Thank you for your consideration.

Sincerely,

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

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

**Charles Hamori, MD**
RUC Advisor
American College of Physicians

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

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

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

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CPT Code:0124A 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, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose

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**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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 09/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0124A | | | | | |
| **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:** | 0124A | **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 |
|---|---|---|---|
| 0064A | 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, 50 mcg/0.25 mL dosage, booster 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: 0124A | Top Key Reference CPT Code: 0064A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0124A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0134A 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, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose

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**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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 09/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0134A | | | | | |
| **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:** | 0134A | **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 |
|---|---|---|---|
| 0064A | 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, 50 mcg/0.25 mL dosage, booster 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: 0134A | Top Key Reference CPT Code: 0064A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0134A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0144A 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, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose

---

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 7-year-old child 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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 09/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0144A | | | | | |
| **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:** | 0144A | **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 |
|---|---|---|---|
| 0064A | 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, 50 mcg/0.25 mL dosage, booster dose

**SECOND HIGHEST KEY REFERENCE SERVICE:**

| Key CPT Code | Global | Work RVU | Time Source |
|---|---|---|---|
| 0064A | | | |

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

**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: 0144A | Top Key Reference CPT Code: 0064A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0144A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

---

**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0154A 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, mRN-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 7-year-old child 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%

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian 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)** | 09/2022 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Jon Hathaway, MD, Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, ACOG, AAP | | | | | |
| **CPT Code:** | 0154A | | | | | |
| **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:** | 0154A | **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 |
|---|---|---|---|
| 0064A | 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, 50 mcg/0.25 mL dosage, booster 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: 0154A | Top Key Reference CPT Code: 0064A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0154A, we recommend a crosswalk to CPT code 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), with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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 Pfizer 5-11yr, 12+, Moderna 6-11yr, 18+, Bivalent Boosters | | | | | | | | | | | | | | | | | | | | | | |
| 14 | TAB: | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 45 | March 2022 RUC | 0094A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 46 | May 2022 RUC | 0074A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 47 | May 2022 RUC | 0104A | XXX | Immunization administration by intramuscular injection of severe | Sanofi-GSK | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 48 | May 2022 RUC | 0111A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 49 | May 2022 RUC | 0112A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 50 | July 2022 RUC | 0083A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 51 | July 2022 RUC | 0091A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6-11 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 52 | July 2022 RUC | 0092A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Moderna | 6-11 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 53 | July 2022 RUC | 0093A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 54 | July 2022 RUC | 0113A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 55 | Sept 2022 RUC | 0124A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Pfizer Tris-Sucrose | 12 yrs & older Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 56 | Sept 2022 RUC | 0134A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Moderna | 18 yrs & older Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 57 | Sept 2022 RUC | 0144A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Moderna | 6-11 Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 58 | Sept 2022 RUC | 0154A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Pfizer Tris-Sucrose | 5-11 Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0124A, 0134A, 0144A, 0154A**
**SPECIALTY SOCIETY(IES): AAFP, AAP, ACP, ANA**
**PRESENTER(S): Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD**

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

**Meeting Date: Sept 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0124A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose | XXX |
| 0134A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose | XXX |
| 0144A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose | XXX |
| 0154A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose | XXX |
| | | |

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

| CPT Code | Vignette |
|---|---|
| 0124A | 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. |
| 0134A | 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. |
| 0144A | A parent or guardian of a 7-year-old child 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. |
| 0154A | A parent or guardian of a 7-year-old child 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, 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 (NOTE: *For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

   **CPT code 0124A**: We are utilizing CPT code 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) as our crosswalk code.
   **CPT code 0134A**: We are utilizing CPT code 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) as our crosswalk code.
   **CPT code 0144A**: We are utilizing CPT code 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) as our crosswalk code.
   **CPT code 0154A**: We are utilizing CPT code 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) as our crosswalk code.

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 the *Billed Together* tab in the RUC Database)

   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 the *Billed Together* tab in the RUC Database)

   CPT code 90460: Family Medicine; 28.1%; no.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). 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 **0124A, 0134A, 0144A, 0154A**, as they represent either the first (0091A) or third (0083A, 0093A, 0113A) 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 **0124A, 0134A, 0144A, 0154A**: 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

## CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

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

N/A

8. 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.

9. 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.

10. 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.

11. 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.

12. 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 |
|---|

13. 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*):

| 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). |
|---|

14. 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 |
|---|

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

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

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

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

| N/A |
|---|

18. 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. |
|---|

19. 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 |
|---|

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

| McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43) |
|---|

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

21. 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*):

| 10 years |
|---|

22. 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 |
|---|

23. 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<br>Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates (ED043)<br>Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) ($7,674.43) |
|---|

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

**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

**ADDITIONAL INFORMATION**

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

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**
NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition, 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 | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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 | 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---Assist physician or other qualified healthcare professional---(60%) | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | Perform procedure/service---NOT directly related to physician | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | 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 Technical Assistant | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, ECG file, etc.) | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 0.0 | 0.0 | 0.0 | 0.0 |
| 89 | | | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 92 | | *Other activity: please include short clinical description here* | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 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 | 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 | |
| 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Order 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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'd 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 7 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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* | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, $5x10^{10}$ viral particles/0.5mL | | 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 | | 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 | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Order 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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* | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | |

| | A | B | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - | $ 1.58 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 2 | | 35 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | 33 | | | | 33 | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
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| 119 | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | |
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| 122 | | | | | | | | | | | | |
| 123 | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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* | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | |

| | A | B | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 35 | | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
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| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | |
| 33 | CA009 | Order 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 | 3 | | 3 | | 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 | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisitions | | | | | | | | |
| 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, reformats and dose page | | | | | | | | |
| 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 | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, ECG file, etc.) | 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 | | | | | | | | |
| 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 | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
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| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | | | | | | | | | | |
| 117 | | | | | | | | | | |
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| 126 | | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |

| | A | B | BA | BB | BC | BD | BE | BF | BG | BH |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and | | 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; booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | |
| 33 | CA009 | Order 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 | 3 | | 3 | | 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 activities | | | | | | | | |
| 41 | CA017 | Sedate/apply anesthesia | | | | | | | | |
| 46 | | Intra-service (of service period) | | | | | | | | |
| 47 | CA018 | Assist physician or other qualified healthcare professional---Assist physician or other qualified healthcare professional(100%) | | | | | | | | |
| 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 activities | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray activities | | | | | | | | |
| 64 | CA028 | Review/read post-procedure x-ray, lab and pathology reports | | | | | | | | |
| 65 | CA029 | Check dressings, catheters, wounds | | | | | | | | |
| 66 | CA030 | Pathologist QC's images in PACS, checking for all images, reformats and dose page | | | | | | | | |
| 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 | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | |
| 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 | BA | BB | BC | BD | BE | BF | BG | BH |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and | | 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; booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | | | | | | | | | | |
| 117 | | | | | | | | | | |
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| 126 | | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |

| | A | B | BI | BJ | BK | BL | BM | BN | BO | BP | BQ | BR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0104A | | 0111A | | 0112A | | 0083A | | 0091A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | |
| 5 | | | Sanofi-GSK Booster | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st 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 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 0.0 | 37.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 0.0 | 30.0 | 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 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.77 | $ - | $ 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 | 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 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 | | 3 | | 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 | | | | | | | | | | |
| 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(100%) | | | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- | | | | | | | | | | |
| 50 | CA021 | Perform procedure/service---NOT directly related to physician | 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 1:4 | 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 | |
| 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 | Pathologist QC 3 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 7 | | 5 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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* | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | |

| | A | B | BI | BJ | BK | BL | BM | BN | BO | BP | BQ | BR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0104A | | 0111A | | 0112A | | 0083A | | 0091A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | |
| 5 | | | Sanofi-GSK Booster | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st 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 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 0.0 | 37.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 0.0 | 30.0 | 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 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.83 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 37 | | 33 | | 36 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 37 | | 33 | | 36 | | 37 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | BS | BT | BU | BV | BW | BX | BY | BZ | CA | CB |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0092A | | 0093A | | 0113A | | 0124A | | 0134A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 | | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 | | 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, 25 mcg/0.25 mL 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, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose** | | **Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose** | |
| 5 | | | Moderna 6-11 2nd Dose | | Moderna 6-11 3rd Dose | | Moderna 6 mo-5 3rd Dose | | **Pfizer Bivalent Booster 12+** | | **Moderna Bivalent Booster 18+** | |
| 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 | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | **$13.82** | | **$ 13.82** | |
| 9 | | TOTAL CLINICAL STAFF TIME | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | **35.0** | **0.0** | **35.0** | **0.0** |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | **5.0** | **0.0** | **5.0** | **0.0** |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | **28.0** | **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 | $ - | **$12.40** | **$ -** | **$ 12.40** | **$ -** |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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** | | **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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Order 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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** | |
| 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'd 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 5 | | 5 | | **5** | | **5** | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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* | | | | | | | | | | |
| 95 | | End: with last office visit before end of global period | | | | | | | | | | |

| | A | B | BS | BT | BU | BV | BW | BX | BY | BZ | CA | CB |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0092A | | 0093A | | 0113A | | 0124A | | 0134A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 | | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 | | 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, 25 mcg/0.25 mL 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, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose** | | **Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose** | |
| 5 | | | Moderna 6-11 2nd Dose | | Moderna 6-11 3rd Dose | | Moderna 6 mo-5 3rd Dose | | **Pfizer Bivalent Booster 12+** | | **Moderna Bivalent Booster 18+** | |
| 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 | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | **$13.82** | | **$ 13.82** | |
| 9 | | TOTAL CLINICAL STAFF TIME | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | **35.0** | **0.0** | **35.0** | **0.0** |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | **5.0** | **0.0** | **5.0** | **0.0** |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | **28.0** | **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 | | | | | |
| 106 | Equipment Code | EQUIPMENT | | | | | | | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | **$0.81** | **$ -** | **$ 0.81** | **$ -** |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 33 | | 35 | | 35 | | **35** | | **35** | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 33 | | 35 | | 35 | | **35** | | **35** | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
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| | A | B | CC | CD | CE | CF |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0144A | | 0154A | |
| 3 | | RUC Collaboration Website | | | | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 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, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, | |
| 5 | | | Moderna Bivalent Booster 6-11 | | Pfizer Bivalent Booster 5-11 | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 13.82 | | $ 13.82 | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 5.0 | 0.0 | 5.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 3.0 | 0.0 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | |
| 16 | CA001 | Complete pre-service diagnostic and referral forms | 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 | |
| 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 (pre- | 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/procedure: | | | | |
| 32 | | Pre-Service (of service period) | | | | |
| 33 | CA009 | Order patient, provide gowning, ensure appropriate medical records are available | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | 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 | | | | |
| 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 | 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 1:4 | 4 | | 4 | |
| 59 | CA023 | Monitor patient following procedure/service, no multitasking | | | | |
| 60 | CA024 | Clean room/equipment by clinical staff | 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 | Pathologist QC 3 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 RIS | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 3 | | 3 | |
| 71 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | |
| 72 | CA036 | Discharge day management | 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 |
| 81 | CA038 | Coordinate post-procedure services | | | | |
| 82 | | *Office visits: List Number and Level of Office 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 |
| 89 | | | | | | |
| 92 | | *Other activity: please include short clinical description here* | | | | |
| 95 | | End: with last office visit before end of global period | | | | |

| | A | B | CC | CD | CE | CF |
|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0144A | | 0154A | |
| 3 | | RUC Collaboration Website | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 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, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, | |
| 4 | Clinical Activity Code | Meeting Date: SEPT 2022<br>Revision Date (if applicable):<br>Tab:XX COVID-19 IA Pfizer 5-11, 12+ Booster, Moderna 6-11, 18+ Booster<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | | | | |
| 5 | | | Moderna Bivalent Booster 6-11 | | Pfizer Bivalent Booster 5-11 | |
| 6 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 7 | | GLOBAL PERIOD | XXX | | XXX | |
| 8 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | $ 13.82 | | $ 13.82 | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 5.0 | 0.0 | 5.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 |
| 12 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 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 | $ - |
| 98 | SB033 | mask, surgical | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | | | | |
| 106 | Equipment Code | EQUIPMENT | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | |
| 114 | | | | | | |
| 115 | | | | | | |
| 116 | | | | | | |
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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 (91300-91315) 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A), patient age, 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, and 91300-91315 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) | Patient Age | 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| | | | | | | | 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)<br>0052A (2nd Dose)<br>0053A (3rd Dose)<br>0054A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine/Comirnaty | 59267-1025-1<br>59267-1025-01<br>00069-2025-1<br>00069-2025-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| 91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | 0124A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0304-1<br>59267-0304-01<br>59267-1404-1<br>59267-1404-01 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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)<br>0072A (2nd Dose)<br>0073A (3rd Dose)<br>0074A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| 91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0154A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0565-1<br>59267-0565-01 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose)<br>0083A (3rd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose: Refer to FDA/CDC Guidance |
| 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | 12 years and older | Moderna, Inc | Moderna COVID-19 Vaccine/spikevax | 80777-273-10<br>80777-0273-10<br>80777-100-11<br>80777-0100-1 | 1st Dose to 2nd Dose: 28 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocomprom ised]): 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) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0134A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |
| 91314 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0144A (Booster) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |
| 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0111A (1st Dose)<br>0112A (2nd Dose)<br>0113A (3rd Dose) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-279-05<br>80777-0279-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocomprom ised]): 1 Month |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0091A (1st Dose)<br>0092A (2nd Dose)<br>0093A (3rd Dose) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month |
| | | 0094A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster: 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)<br>0022A (2nd Dose) | 18 years and older | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>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)<br>0034A (Booster) | 18 years and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>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)<br>0042A (2nd Dose) | 18 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |
| 91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 years and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |

AMA
AMERICAN MEDICAL ASSOCIATION

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December 12, 2022

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 codes, 0044A, 0164A and 0173A, which describe immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine.

These three codes describe the administration of the Novavax COVID-19 vaccine booster for individuals 18 years and older (0044A), the administration of the Moderna COVID-19 vaccine bivalent booster for children 6 months through 5 years of age (0164A), and the administration of the Pfizer-BioNTech tris-sucrose formulation vaccine bivalent third dose for children 6 months through 4 years of age (0173A).

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

December 2022

**SARS-CoV-2-Immunization Administration – Novavax, Moderna, and Pfizer**

On November 5, 2020, the CPT Editorial Panel created four codes to describe immunization administration 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) for patients 12 years and older.

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 for patients 18 years and older.

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 for patients 18 years and older.

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 for patients 12 years and older.

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 aged 12 years and older. 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 aged 12 years and older.

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 for patients 12 years and older, 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 for patients 12 years and older and CPT code 0064A is used to report the immunization administration of the Moderna booster 50 mcg/0.25 mL dosage for patients 18 years and older.

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

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 Editorial 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 for patients 18 years and older.

On January 12, 2022, the CPT Editorial Panel created new code 0073A 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 third does 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 February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A 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 first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A 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 full dose of the Moderna booster (i.e., 50 mcg/0.5 mL) for patients ages 6 through 11 years of age.

On April 18, 2022, the CPT Editorial Panel created new code 0074A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) booster dose of the 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). The Panel also created new code 0104A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the Sanofi-GlaxoSmithKline (GSK) booster dose (adjuvant AS03 emulsion) for patients 18 years and older.

On May 11, 2022, the CPT Editorial Panel created new codes 0111A and 0112A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the first and second doses of the Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

In June 2022, the CPT Editorial Panel created five new codes, 0083A, 0091A, 0092A, 0093A and 0113A, and revised one code, 0094A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)

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(Coronavirus disease [COVID-19]). CPT code 0083A describes the third dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted). CPT codes 0091A, 0092A and 0093A describe the first, second and third doses of the Moderna vaccine for children 6 years through 11 years of age. CPT code 0094A is the Moderna booster and was revised to specify when administered to individuals 18 years and over. CPT code 0113A is the third dose of the Moderna vaccine for children 6 months through 5 years of age (i.e., 25 mcg/0.25 mL dosage).

In August 2022, the CPT Editorial Panel created four new codes, 0124A, 0134A, 0144A and 0154A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) bivalent boosters. CPT code 0124A describes the bivalent booster dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for individuals 12 years of age and older. CPT code 0154A describes the bivalent booster dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 5 years through 11 years of age (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted). CPT code 0134A describes the bivalent booster of the Moderna vaccine for individuals 18 years or older and CPT code 0144A describes the bivalent booster of the Moderna vaccine for children 6 years through 11 years of age (i.e., 25 mcg/0.25 mL dosage).

In November and December 2022, the CPT Editorial created three new codes, 0044A, 0164A and 0173A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0044A describes the booster dose of the Novavax vaccine for individuals 18 years and older. CPT code 0164A describes the Moderna bivalent booster for individuals 6 months through 5 years old (i.e., 10 mcg/0.2 mL dosage). Lastly, CPT code 0173A describes the bivalent third dose Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted) after administration of first (0081A) and second (0082A) doses of the 91308 vaccine product.

The vaccine CPT codes (91300-91317) developed based on extensive collaboration with CMS and the Centers for Disease Control and Prevention (CDC), are unique for each of the coronavirus vaccines. The COVID-19 immunization administration codes similarly are unique to each corresponding vaccine, dose and patient age range. 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.

**0044A** ***SARS-CoV-2-Immunization Administration – Novavax Age 18 Years and Older, Booster***
**0164A** ***SARS-CoV-2-Immunization Administration – Moderna 6 months through 5 years, Bivalent Booster Dose***
**0173A** ***SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 6 months through 4 years, Bivalent Third Dose***

The RUC reviewed the specialty society recommendations for vaccine administration codes 0044A, 0164A, and 0173A and determined they should be valued the same as the previous first, second, third and booster 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*

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*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 or third doses, the total physician work resources required for the booster, or third 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 third or 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 third 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, Novavax or Sanofi-GSK immunizations. The RUC recommends that all COVID-19 immunization administration be valued the same as the first, second, third and booster doses of the previously established COVID-19 immunization administration codes. **The RUC recommends a work RVU of 0.20 and intra-service time of 7 minutes for CPT codes 0044A, 0164A, and 0173A.**

**Practice Expense**

The Practice Expense (PE) Subcommittee 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 immunization administration codes and determined the same direct inputs apply to all other COVID-19 immunization administration formulations and doses.

The Subcommittee compared the direct PE inputs for the new immunization administration 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 continues to strongly recommend 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

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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 dose and booster 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 Pfizer pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0154A, and 0173A one 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 Moderna pediatric codes 0091A, 0092A, 0093A, 0111A, 0112A, 0113A, 0144A, and 0164A do not require reconstitution with a diluent and therefore have 2 minutes allotted for CA013.

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 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A, 0091A, 0111A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third and booster doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A, 0012A, 0013A, 0022A, 0034A, 0042A, 0044A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0074A, 0082A, 0083A, 0092A, 0093A, 0094A, 0104A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A and 0173A) 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 immunization administration 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 discussed the supply and equipment inputs associated with the Pfizer, Moderna, AstraZeneca, Janssen, Novavax and Sanofi-GSK immunization administration codes. The same supplies are recommended for all COVID-19 immunization administration 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 immunization administration codes. 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.

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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.* was 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 the 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 societies.**

**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, 0044A, 0051A, 0052A 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A and 0173A) 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 includes COVID immunizations.

| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| **Category I**<br>**Evaluation and Management**<br>**Preventive Medicine Services**<br><br>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, *0044A,* 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, | | | | |

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0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, *0164A, 0173A*. For vaccine/toxoid products, see 90476-90759, 91300-*91317*.

**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, *0044A,* 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, *0164A, 0173A*) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-*91317*).

*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, *0044A,* 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, *0164A, 0173A* 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-*91317*), 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, patient age, 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.*

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *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 91300-91317, 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 91300-91317, 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)* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| | | *(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 91300-91317, 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, 91308, 91312, 91315)* | | |
| *#●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* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *#●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, 91308, 91312, 91315)* | | |
| *#●0124A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose* | | |
| | | *(Report 0124A for the administration of vaccine 91312)* | | |
| | | *(Do not report 0124A in conjunction with 91300, 91305, 91307, 91308, 91315)* | | |
| *#●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* | | |
| *#●0073A* | | *third dose* | | |
| *#●0074A* | | *booster dose* | | |
| | | *(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)* | | |
| | | *(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315)* | | |
| *#●0154A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose* | | |
| | | *(Report 0154A for the administration of vaccine 91315)* | | |
| | | *(Do not report 0154A in conjunction with 91300, 91305, 91307, 91308, 91312)* | | |
| *#●0081A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose* | | |

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| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|---|---|---|---|
| *#●0082A* | | *second dose* | | |
| *#●0083A* | | *third dose* | | |
| | | *(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)* | | |
| | | *(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315*) | | |
| # ● 0173A | CC1 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose<br>(Report 0173A for the administration of vaccine 91317)<br>(Use 0173A in conjunction with 91317 only when used as a third dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A])<br>(Do not report 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315) | XXX | 0.20 |
| *●0011A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 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)* | | |
| | | *(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314, 91316)* | | |
| *●0064A* | | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose* | | |

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| | |
|---|---|
| | *(Report 0064A for the administration of vaccine 91306)* |
| | *(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)* |
| *#●0134A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose* |
| | *(Report 0134A for the administration of vaccine 91313)* |
| | *(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)* |
| *#●0144A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose* |
| | *(Report 0144A for the administration of vaccine 91314)* |
| | *(Do not report 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)* |
| *#●0091A* | *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/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years* |
| *#●0092A* | *second dose, when administered to individuals 6 through 11 years* |
| *#●0093A* | *third dose, when administered to individuals 6 through 11 years* |
| *#▲0094A* | *booster dose, when administered to individuals 18 years and over* |
| | *(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)* |
| | *(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)* |
| *●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)* |

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| *●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*<br>*●0034A* *booster dose*<br>*(Report 0031A, 0034A for the administration of vaccine 91303)*<br>*●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*<br>*●0042A* *second dose* | | | | |
| ●0044A | CC2 | booster dose<br>(Report 0041A, 0042A, 0044A for the administration of vaccine 91304) | XXX | 0.20 |
| *●0104A* | *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose*<br>*(Report 0104A for the administration of vaccine 91310)*<br>*●0111A* *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, 25 mcg/0.25 mL dosage; first dose*<br>*●0112A* *second dose*<br>*●0113A* *third dose*<br>*(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)*<br>*(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)* | | | | |
| #●0164A | CC3 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose | XXX | 0.20 |

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| | | (Report 0164A for the administration of vaccine 91316)<br>(Do not report 0164A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314) | | |

**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, 91300-91317, 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 (91300-91317) should be reported with the corresponding immunization administration code (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A). 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, patient age, 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, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A 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, 91300-91317, 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, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A.*

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*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, 91300-91317, 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, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A 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, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A 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, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A*)

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| *#✓●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*<br><br>*(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)*<br><br>*(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A*) |
| *#✓●91312* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*<br><br>*(Report 91312 with administration code 0124A)*<br><br>*(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0154A)* |
| *#✓●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*<br><br>*(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)*<br><br>*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, 0124A, 0154A)* |
| *#✓●91315* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*<br><br>*(Report 91315 with administration code 0154A)*<br><br>*(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A)* |
| *#✓●91308* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*<br><br>*(Report 91308 with administration codes 0081A, 0082A, 0083A)*<br><br>*(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0124A, 0154A, 0173A)* |
| #✓●91317 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use |

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| | (Use 91317 only as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A) |
| | (Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0124A, 0154A, 0081A, 0082A, 0083A) |
| *#●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)* |
| | *(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A,* 0164A) |
| *#✓●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)* |
| | *(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A,* 0164A) |
| *#✓●91313* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* |
| | *(Report 91313 with administration code 0134A)* |
| | *(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0144A,* 0164A*)* |
| *#✓●91314* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* |
| | *(Report 91314 with administration code 0144A)* |
| | *(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A,* 0164A*)* |
| *#✓●91311* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* |
| | *(Report 91311 with administration codes 0111A, 0112A, 0113A)* |
| | *(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0144A,* 0164A*)* |

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| #✓●91316 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use<br>(Report 91316 with administration code 0164A)<br>(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A) |
| *#✓●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use*<br>*(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)*<br>*(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0144A,* 0164A*)* |
| *#✓●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*<br>*(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*<br>*(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*<br>*(Report 91304 with administration codes 0041A, 0042A,* 0044A*)* |
| *#✓●91310* | *Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use*<br>*(Report 91310 with administration code 0104A)* |
| *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**<br>**Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)** | |

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| | |
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| *96372* | *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*<br><br>*(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A)* |

***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 (91300-91317) to their associated immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A), patient age, 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, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A and 91300-91317 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) | *Patient Age* | 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)*<br>*0002A (2nd Dose)*<br>*0003A (3rd Dose)*<br>*0004A (Booster)* | *12 yrs of age and older* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine/*<br><br>*Comirnaty* | *59267-1000-1*<br>*59267-1000-01* | *1st Dose to 2nd Dose: 21 Days*<br><br>*2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):*<br><br>*28 or More Days*<br><br>*Booster: Refer to FDA/CDC Guidance* |

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| #✓●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)<br>0052A (2nd Dose)<br>0053A (3rd Dose)<br>0054A (Booster) | 12 yrs of age and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1025-1<br>59267-1025-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):<br><br>28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| #✓●91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | #●0124A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0304-1<br>59267-0304-01<br><br>59267-1404-1<br>59267-1404-01 | 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)<br>0072A (2nd Dose)<br>0073A (3rd Dose)<br>0074A (Booster) | 5 yrs through 11 yrs | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| #✓●91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | #●0154A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0565-1<br><br>59267-0565-01 | Booster: Refer to FDA/CDC Guidance |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *#✓●91308* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use* | *#●0081A (1st Dose)*<br>*#●0082A (2nd Dose)*<br>*#●0083A (3rd Dose)* | *6 mo through 4 yrs* | *Pfizer, Inc* | *Pfizer-BioNTech COVID-19 Vaccine* | *59267-0078-1*<br>*59267-0078-01*<br>*59267-0078-4*<br>*59267-0078-04* | *1st Dose to 2nd Dose: 21 Days*<br><br>*3rd Dose: Refer to FDA/CDC Guidance* |
| ●91317 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0173A (3rd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0609-1<br>59267-0609-01 | 3rd Dose: Refer to FDA/CDC Guidance |
| *#●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)*<br>*0012A (2nd Dose)*<br>*0013A (3rd Dose)* | *~~1~~812 years and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine/ Spikevax* | *80777-273-10*<br>*80777-0273-10*<br>*80777-100-11*<br>*80777-0100-11* | *1st Dose to 2nd Dose: 28 Days*<br><br>*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)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-273-10*<br>*80777-0273-10* | *Refer to FDA/CDC Guidance* |
| *#✓●91313* | *Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID]-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* | *#●0134A (Booster)* | *18 years and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine, Bivalent* | *80777-282-05*<br>*80777-0282-05* | *Booster: Refer to FDA/CDC Guidance* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *#⌁●91314* | *Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* | *#●0144A (Booster)* | *6 years through 11 years* | *Moderna, Inc* | *Moderna COVID-19 Vaccine, Bivalent* | *80777-282-05 80777-0282-05* | *Booster: Refer to FDA/CDC Guidance* |
| *#⌁●91311* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use* | *#●0111A (1st Dose) #●0112A (2nd Dose) #●0113A (3rd Dose)* | *6 mo through 5 yrs* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-279-05 80777-0279-05* | *1st Dose to 2nd Dose: 1 Month 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |
| ⌁#● 91316 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use | ●0164A (Booster) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-283-02 80777-0283-02 | Booster: Refer to FDA/CDC Guidance |
| *#⌁●91309* | *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use* | *#●0091A (1st Dose) #●0092A (2nd Dose) #●0093A (3rd Dose)* | *6 years through 11 years* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05 80777-0275-05* | *1st Dose to 2nd Dose: 1 Month 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month* |
| | | *#I0094A (Booster)* | *18 yrs of age and older* | *Moderna, Inc* | *Moderna COVID-19 Vaccine* | *80777-275-05 80777-0275-05* | *Booster: 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)* | *18 yrs of age and older* | *AstraZeneca, Plc* | *AstraZeneca COVID-19 Vaccine* | *0310-1222-10 00310-1222-10* | *28 Days* |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| #●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)<br>0034A (Booster) | 18 yrs of age and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>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)<br>0042A (2nd Dose) | ~~18~~12 yrs of age and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |
| | | ● 0044A (Booster) | 18 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | Booster: Refer to FDA/CDC Guidance |
| #⌿●91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 yrs of age and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |

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December 8, 2022

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 Novavax 18+ Booster (0044A), Moderna 6 months through 5 years bivalent booster (0164A), Pfizer 6months through 4 years bivalent third dose (0173A)

Dear Doctor Silva:

The American Academy of Family Physicians (AAFP), American Nurses Association (ANA), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), and American Academy of Pediatrics (AAP) respectfully submit recommendations for the newly approved bivalent COVID-19 Immunization Administration *(*Novavax 18+ Booster, Moderna 6 months through 5 years bivalent booster, Pfizer bivalent third dose 6mo-4yrs).

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.

0044A 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; booster dose [Novavax Booster 18 yrs+]

0164A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose [Moderna Bivalent 6mo-5 yrs]

00173A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose [Pfizer Bivalent 6mo-4yrs]

<u>COVID-19 Immunization Administration RUC Recommendations</u>
To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on thirty seven (37) existing COVID-19 IA CPT codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A). 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 need for dilution to achieve a smaller 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, 0073A, 0081A, 0082A, 0083A): Removed the ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A, 0083A, 0154A, 0173A): Add 1 minute CA013 (*Prepare room, equipment, and supplies*) for clinical staff time typically required for reconstituting pediatric doses
- Sanofi-GSK does not have a first dose from which to crosswalk the booster dose (0104A); however, given the following information about the vaccine product, it is crosswalked from 0054A:
  •Multidose vial of 10 doses
  •GSK adjuvant emulsion added to Sanofi antigen solution prior to administration; no diluent required
  •All 10 doses are mixed at the same time and ready for use; the full 10 doses should be used within 12 hours after mixing with adjuvant
  •Typical vaccine refrigeration required; do not freeze; protect from light
- The Moderna pediatric vaccines (0091A, 0092A, 0093A, 0111A, 0112A, 0113A, 0144A, 0164A) do not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric vaccines

AAFP-ANA-AAP Expert Panel Work Recommendations for CPT Codes 0044A, 0164A, 0173A:

Based on the RUC work precedent, we recommend the following for CPT codes 0044A, 0164A, 0173A

0.20 wRVU
7 minutes intra-service time

ACP-ACOG-AAFP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0044A, 0164A, 0173A:

Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0044A, 0164A, 0173A:

| CPT Code | Vaccine Manufacturer (Formulation) (Pt Age) | Dose | RUC Direct PE Crosswalk | Adjustments to RUC Direct PE Crosswalk |
|---|---|---|---|---|
| 0044A | Novavax (18 & Older) | Booster | 0041A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |
| 0164A | Moderna Bivalent (6mo-5yr) | Booster | 0111A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |
| 0173A | Pfizer (tris-sucrose) Bivalent (6mo-4yr) | 3rd | 0081A | Remove 2 minutes CA033 (*Patient record creation and demographic entry*) |

Thank you for your consideration.

Sincerely,

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

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

**Charles Hamori, MD**
RUC Advisor
American College of Physicians

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

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

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

CPT Code:0044A Tracking Number CC2 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: **N/A** 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/0.5 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. 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)** | 01/2023 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP, ACP | | | | | |
| **CPT Code:** | 0044A | | | | | |
| **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:** | 0044A | **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 |
|---|---|---|---|
| 0041A | 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, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL 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: 0044A | Top Key Reference CPT Code: 0041A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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 0044A, we recommend a crosswalk to CPT code 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,* with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0164A Tracking Number CC3 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: **N/A** 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, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose

---

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child who was previously immunized with a primary series seeks a bivalent booster immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

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

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

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

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

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

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Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. The parent/guardian is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The bivalent 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)** | 01/2023 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ACP, ANA, AAP | | | | | |
| **CPT Code:** | 0164A | | | | | |
| **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:** | 0164A | **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 |
|---|---|---|---|
| 0111A | 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, 25 mcg/0.25 mL 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: 0164A | Top Key Reference CPT Code: 0111A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0164A, we recommend a crosswalk to CPT code 0111A *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, 25 mcg/0.25 mL dosage; first dose*, with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

---

**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

---

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

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

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CPT Code:0173A Tracking Number CC1 Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: **N/A** 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, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose

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## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks a bivalent third dose immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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 bivalent 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)** | 01/2023 | | | | | |
| **Presenter(s)**: | Megan Adamson, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD | | | | | |
| **Specialty Society(ies):** | AAFP, ANA, AAP | | | | | |
| **CPT Code:** | 0173A | | | | | |
| **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:** | 0173A | **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 |
|---|---|---|---|
| 0081A | XXX | 0.20 | **RUC Time** |

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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: 0173A | Top Key Reference CPT Code: 0081A | 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• 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<br>• The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed<br>• 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<br>• Outcome depends on the skill and judgment of physician<br>• Estimated risk of malpractice suit with poor outcome | | | |

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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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 0173A, we recommend a crosswalk to CPT code 0081A *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose*, with 0.20 wRVUs and 7 minutes intraservice time (7 minutes).

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**SERVICES REPORTED WITH MULTIPLE CPT CODES**

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

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

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

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

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**FREQUENCY INFORMATION**

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

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

Specialty How often?

Specialty How often?

Specialty How often?

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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## Professional Liability Insurance Information (PLI)

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

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

SS Rec Summary

**ISSUE:** COVID-19 Immunization Administration Novavax 18+, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd dose 6mo-4yrs

**TAB:**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 1st 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 severe | Pfizer | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 34 | 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 | | | |
| 35 | 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 | | | |
| 36 | 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 | | | |
| 37 | October 2021 RUC | 0054A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 38 | October 2021 RUC | 0064A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 39 | 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 | | | |

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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
| 40 | 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 | | | |
| 41 | November 2021 RUC | 0034A | XXX | Immunization administration by intramuscular injection of severe | Janssen | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 42 | Feburary 2022 RUC | 0073A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 43 | February 2021 RUC | 0081A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 44 | Feburary 2022 RUC | 0082A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 45 | March 2022 RUC | 0094A | XXX | Immunization administration by intramuscular injection of severe | Moderna | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 46 | May 2022 RUC | 0074A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 5-11 Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 47 | May 2022 RUC | 0104A | XXX | Immunization administration by intramuscular injection of severe | Sanofi-GSK | Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 48 | May 2022 RUC | 0111A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 49 | May 2022 RUC | 0112A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 50 | July 2022 RUC | 0083A | XXX | Immunization administration by intramuscular injection of severe | Pfizer Tris-Sucrose | 6mo-4yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 51 | July 2022 RUC | 0091A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6-11 1st Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 52 | July 2022 RUC | 0092A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Moderna | 6-11 2nd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 53 | July 2022 RUC | 0093A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6-11 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 54 | July 2022 RUC | 0113A | XXX | Immunization administration by intramuscular injection of severe | Moderna | 6mo-5yr 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 55 | Sept 2022 RUC | 0124A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Pfizer | 12 yrs + Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 56 | Sept 2022 RUC | 0134A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Moderna | 18 yrs + Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 57 | Sept 2022 RUC | 0144A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Moderna | 6-11 Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 58 | Sept 2022 RUC | 0154A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Pfizer | 5-11 Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 59 | Dec 2022 RUC | 0044A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Novavax | 18 yrs + Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 60 | Dec 2022 RUC | 0164A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Moderna | 6mo-5yr Bivalent Booster | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |
| 61 | Dec 2022 RUC | 0173A | XXX | Immunization administration by intramuscular injection of severe acute respiratory syndrome | Pfizer | 6mo-4yr Bivalent 3rd Dose | 0.029 | 0.029 | | | 0.20 | | | 7 | | | | | | 7 | | | |

**NONFACILITY DIRECT PE INPUTS** **CPT CODE(S): 0044A, 0164A, 0173A**

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

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

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

**Meeting Date: December 2022**

| CPT Code | Long Descriptor | Global Period |
|---|---|---|
| 0044A | 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; booster dose [Novavax Booster 18 yrs+] | XXX |
| 0164A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose [Moderna Bivalent (6mo- 5yr)] | XXX |
| 0173A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose [Pfizer Bivalent (6mo-4yr)] | XXX |

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

| CPT Code | Vignette |
|---|---|
| 0044A | 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. |
| 0164A | A parent or guardian of a 1-year-old child who was previously immunized with a primary series seeks a bivalent booster immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose. |
| 0173A | A parent or guardian of a 1-year-old child seeks a bivalent third dose immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child 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, ANA, 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 (NOTE: *For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

**CPT code 0044A**: We are utilizing CPT code 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) as our crosswalk code.
**CPT code 0164A**: We are utilizing CPT code 0111A (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, 25 mcg/0.25 mL dosage; first dose) as our crosswalk code. Please note that while this is a pediatric vaccine, it does not require the additional 1 minute CA013 clinical staff time for reconstitution as the Pfizer pediatric doses.
**CPT code 0173A**: We are utilizing CPT code 0081A (Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose) as our crosswalk code.

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 the *Billed Together* tab in the RUC Database)

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 the *Billed Together* tab in the RUC Database)

CPT code 90460: Family Medicine; 28.1%; Pediatric Medicine 24.3%

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). 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 **0044A, 0164A, 0173A** as they represent either the first (0091A) or third (0083A, 0093A, 0113A) 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 **0044A, 0164A, 0173A**: 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

## CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

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

N/A

8. 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.

9. 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.

10. 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 and 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.

11. 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.

12. 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

13. 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*):

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).

14. 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)**

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

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

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

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

| N/A |
|---|

18. 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. |
|---|

19. 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 |
|---|

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

| McKesson redacted invoice attached, includes estimates for refrigerator, vaccine medical grade, w-data logger sngl glass door ($7,674.43) |
|---|

21. 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*):

| 10 years |
|---|

22. 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 |
|---|

23. 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 (ED043)<br>Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) ($7,674.43) |

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

**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

**ADDITIONAL INFORMATION**

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

N/A

**ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)**
NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition, 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 | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | 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 | | 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 | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | | | | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 3.0 | 0.0 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | $ 6.66 | $ 0.37 | $ 4.07 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 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 | | 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 | | 0 | |
| 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 (pre- | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 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 | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 3 | |
| 34 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | | | 1 | | 0 | | 0 | |
| 35 | CA011 | Provide education/obtain consent | L037D | RN/LPN/MTA | 0.37 | 3 | | | | 3 | | 3 | |
| 36 | CA012 | Review requisition, assess for special needs | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | 1 | |
| 37 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | | | 2 | | 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 | 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--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 48 | CA019 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 49 | CA020 | Assist physician or other qualified healthcare professional--- | L037D | RN/LPN/MTA | 0.37 | | | | | | | | |
| 50 | CA021 | Perform procedure/service---NOT directly related to physician | L037D | RN/LPN/MTA | 0.37 | 4 | | | | 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 1:4 | L037D | RN/LPN/MTA | 0.37 | | | | | 4 | | 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 | | 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 images, | 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 (service | L026A | Medical Technical Assistant | 0.26 | | | | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | L037D | RN/LPN/MTA | 0.37 | | | | | 3 | | 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 | | 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 | 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 | # 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 | 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 | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | REFERENCE CODE | | REFERENCE CODE | | | | | |
| 2 | | | | | | 90460 | | 99072 | | 0001A | | 0002A | |
| 3 | | RUC Collaboration Website | | | | October 2009 | | Sept 2020 | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | | | | | | | | Pfizer 1st Dose | | Pfizer 2nd 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 | | | | $ 7.82 | $ 0.37 | $ 6.36 | $ - | $ 15.18 | $ - | $ 13.76 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 18.0 | 1.0 | 11.0 | 0.0 | 37.0 | 0.0 | 33.0 | 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 | 2.0 | 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 | 28.0 | 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 | 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 | $ - | $ 0.61 | $ - |
| 98 | SB033 | mask, surgical | 0.43 | item | | | | 3 | | 0 | | 0 | |
| 99 | SC058 | syringe w-needle, OSHA compliant (SafetyGlide) | 0.4762 | item | | 1 | | | | 0 | | 0 | |
| 100 | SJ053 | swab-pad, alcohol | 0.0333 | item | | 2 | | | | 0 | | 0 | |
| 101 | SB022 | gloves, non-sterile | 0.246 | pair | | 0.5 | | | | 1.0 | | 1.0 | |
| 102 | SG021 | bandage, strip 0.75in x 3in (Bandaid) | 0.3182 | item | | 1 | | | | 1 | | 1 | |
| 103 | SK057 | paper, laser printing (each sheet) | 0.0163 | item | | 1 | | | | 3 | | 3 | |
| 104 | NEW | *Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers* | 1 | computed per patient | | | | 1 | | 0 | | 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 | $ - | $ 1.49 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 1000 | | 0.002653727 | 16 | | | | 37 | | 33 | |
| 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 | | 2 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | 16,516.36 | Default | 0.043829902 | | | | | 34 | | 31 | |
| 114 | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | |

| | A | B | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, $5x10^{10}$ viral particles/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, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/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, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; single dose | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.92 | $ - | $ 11.66 | $ - | $ 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 | 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 | |
| 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisitions | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 7 | | 5 | | 7 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | O | P | Q | R | S | T | U | V | W | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0011A | | 0012A | | 0021A | | 0022A | | 0031A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, $5x10^{10}$ viral particles/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, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/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, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; single dose | |
| 5 | | | Moderna 1st Dose | | Moderna 2nd Dose | | AstraZeneca 1st Dose | | AstraZeneca 2nd Dose | | Janssen Single 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.38 | $ - |
| 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 |
| 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 |
| 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 |
| 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.85 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 37 | | 33 | | 37 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 37 | | 33 | | 37 | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisitions | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file etc.) | 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 | | | | | | | | | | |
| 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 | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0041A | | 0042A | | 0003A | | 0013A | | 0004A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Novavax 1st Dose | | Novavax 2nd Dose | | Pfizer 3rd Dose | | Moderna 3rd Dose | | Pfizer Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.59 | $ - | $ 13.82 | $ - | $ 14.59 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 1.58 | $ - | $ 0.81 | $ - | $ 1.58 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 2 | | 35 | | 2 | |
| 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 | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | | | |
| 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 | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0051A | | 0052A | | 0053A | | 0054A | | 0064A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | |
| 5 | | | Pfizer Tris-Sucrose 1st Dose | | Pfizer Tris-Sucrose 2nd Dose | | Pfizer Tris-Sucrose 3rd Dose | | Pfizer Tris-Sucrose Booster | | Moderna Booster | |
| 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 13.82 | $ - | $ 13.82 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 28.0 | 0.0 | 28.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 35 | | 35 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 35 | | 35 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
| 118 | | | | | | | | | | | | |
| 119 | | | | | | | | | | | | |
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| 124 | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 13 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | 3 | | 3 | | 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 | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 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 RIS | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 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 | | | | | | | | |
| 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 | AS | AT | AU | AV | AW | AX | AY | AZ |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | |
| 2 | | | 0071A | | 0072A | | 0034A | | 0073A | |
| 3 | | RUC Collaboration Website | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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 | | 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 | | 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 | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | |
| 5 | | | Pfizer 5-11 Tris-Sucrose 1st Dose | | Pfizer 5-11 Tris-Sucrose 2nd Dose | | Janssen Booster | | Pfizer 5-11 Tris-Sucrose 3rd 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 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 |
| 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | | | | | | | | | | |
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| 126 | | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |

| | A | B | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and over | | 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | | | | | | | | | | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 13.29 | $ - | $ 12.03 | $ - | $ 12.40 | $ - | $ 12.77 | $ - | $ 12.40 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | 3 | | 3 | | 2 | | 3 | | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisitions | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 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 | | | | | | | | | | |
| 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 | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0081A | | 0082A | | 0094A | | 0074A | | 0104A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second 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/0.5 mL dosage; booster dose, when administered to individuals 18 years and over | | 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; booster dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose | |
| 5 | | | Pfizer 6 mo-4 Tris-Sucrose 1st Dose | | Pfizer 6 mo-4 Tris-Sucrose 2nd Dose | | Moderna Booster | | Pfizer 5-11 Tris-Sucrose Booster | | Sanofi-GSK Booster | |
| 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 | $ 14.78 | $ - | $ 13.43 | $ - | $ 13.82 | $ - | $ 14.21 | $ - | $ 13.82 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 38.0 | 0.0 | 34.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 | 35.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 2.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 | 4.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 31.0 | 0.0 | 29.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 0.87 | $ - | $ 0.78 | $ - | $ 0.81 | $ - | $ 0.83 | $ - | $ 0.81 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 38 | | 34 | | 35 | | 36 | | 35 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 38 | | 34 | | 35 | | 36 | | 35 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
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| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0111A | | 0112A | | 0083A | | 0091A | | 0092A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st Dose | | Moderna 6-11 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 12.92 | $ - | $ 11.66 | $ - | $ 12.77 | $ - | $ 12.92 | $ - | $ 11.66 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 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 | | 0 | | 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 (pre- | 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/procedure: | | | | | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | 3 | | 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 | | | | | | | | | | |
| 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 | 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 1:4 | 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 | |
| 61 | CA025 | Clean scope | | | | | | | | | | |
| 62 | CA026 | Clean surgical instrument package | | | | | | | | | | |
| 63 | CA027 | Complete post-procedure diagnostic forms, lab and x-ray requisitions | | | | | | | | | | |
| 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 RIS | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 7 | | 5 | | 5 | | 7 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file etc.) | 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 | | | | | | | | | | |
| 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 | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | |
| 2 | | | 0111A | | 0112A | | 0083A | | 0091A | | 0092A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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, 25 mcg/0.25 mL 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, 25 mcg/0.25 mL dosage; second dose | | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, 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, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | | 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/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years | |
| 5 | | | Moderna 6 mo-5 1st Dose | | Moderna 6 mo-5 2nd Dose | | Pfizer 6 mo-4 Tris-Sucrose 3rd Dose | | Moderna 6-11 1st Dose | | Moderna 6-11 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 | $ 14.38 | $ - | $ 13.03 | $ - | $ 14.21 | $ - | $ 14.38 | $ - | $ 13.03 | $ - |
| 9 | | TOTAL CLINICAL STAFF TIME | 37.0 | 0.0 | 33.0 | 0.0 | 36.0 | 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 | 4.0 | 0.0 | 2.0 | 0.0 |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 30.0 | 0.0 | 28.0 | 0.0 | 29.0 | 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 | $ 0.85 | $ - | $ 0.76 | $ - | $ 0.83 | $ - | $ 0.85 | $ - | $ 0.76 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 37 | | 33 | | 36 | | 37 | | 33 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 37 | | 33 | | 36 | | 37 | | 33 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | |
| 114 | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | |
| 118 | | | | | | | | | | | | |
| 119 | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | |
| 121 | | | | | | | | | | | | |
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| 123 | | | | | | | | | | | | |
| 124 | | | | | | | | | | | | |
| 125 | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | |

| | A | B | BU | BV | BW | BX | BY | BZ | CA | CB | CC | CD | CE | CF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | |
| 2 | | | 0093A | | 0113A | | 0124A | | 0134A | | 0144A | | 0154A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years | | 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, 25 mcg/0.25 mL 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, bivalent 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, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose** | | **Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 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, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose** | |
| 5 | | | Moderna 6-11 3rd Dose | | Moderna 6 mo-5 3rd Dose | | **Pfizer Bivalent Booster 12+** | | **Moderna Bivalent Booster 18+** | | **Moderna Bivalent Booster 6-11** | | **Pfizer Bivalent Booster 5-11** | |
| 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 | $ 13.82 | $ - | $ 13.82 | $ - | **$13.82** | | **$ 13.82** | | **$ 13.82** | | **$ 13.82** | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 | **35.0** | **0.0** | **35.0** | **0.0** | **35.0** | **0.0** | **36.0** | **0.0** |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 | **5.0** | **0.0** | **5.0** | **0.0** | **5.0** | **0.0** | **5.0** | **0.0** |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 | **28.0** | **0.0** | **28.0** | **0.0** | **28.0** | **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 | $ 12.40 | $ - | $ 12.40 | $ - | **$12.40** | **$ -** | **$ 12.40** | **$ -** | **$ 12.40** | **$ -** | **$ 12.40** | **$ -** |
| 14 | | PRE-SERVICE PERIOD | | | | | | | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | | | |
| 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 | | 2 | | **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 (pre- | 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/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 | 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 | | | | | | | | | | | | |
| 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 | 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 1:4 | 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 requisitions | | | | | | | | | | | | |
| 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 RIS | | | | | | | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 5 | | 5 | | **5** | | **5** | | **5** | | **5** | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.) | 3 | | 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** | | **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 | BU | BV | BW | BX | BY | BZ | CA | CB | CC | CD | CE | CF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | | | | | | | | | |
| 2 | | | 0093A | | 0113A | | 0124A | | 0134A | | 0144A | | 0154A | |
| 3 | | RUC Collaboration Website | | | | | | | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years | | 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, 25 mcg/0.25 mL 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, bivalent 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, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose** | | **Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 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, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose** | |
| 5 | | | Moderna 6-11 3rd Dose | | Moderna 6 mo-5 3rd Dose | | **Pfizer Bivalent Booster 12+** | | **Moderna Bivalent Booster 18+** | | **Moderna Bivalent Booster 6-11** | | **Pfizer Bivalent Booster 5-11** | |
| 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 | $ 13.82 | $ - | $ 13.82 | $ - | **$13.82** | | **$ 13.82** | | **$ 13.82** | | **$ 13.82** | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 | **35.0** | **0.0** | **35.0** | **0.0** | **35.0** | **0.0** | **36.0** | **0.0** |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 4.0 | 0.0 | 4.0 | 0.0 | **5.0** | **0.0** | **5.0** | **0.0** | **5.0** | **0.0** | **5.0** | **0.0** |
| 11 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 28.0 | 0.0 | 28.0 | 0.0 | **28.0** | **0.0** | **28.0** | **0.0** | **28.0** | **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 | | | | | | | | | |
| 106 | Equipment Code | EQUIPMENT | | | | | | | | | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.81 | $ - | $ 0.81 | $ - | **$0.81** | **$ -** | **$ 0.81** | **$ -** | **$ 0.81** | **$ -** | **$ 0.81** | **$ -** |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 35 | | **35** | | **35** | | **35** | | **35** | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 35 | | **35** | | **35** | | **35** | | **35** | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | | | | | | | |
| 114 | | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | | | |
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| 125 | | | | | | | | | | | | | | |
| 126 | | | | | | | | | | | | | | |
| 127 | | | | | | | | | | | | | | |
| 128 | | | | | | | | | | | | | | |

| | A | B | CG | CH | CI | CJ | CK | CL |
|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0044A | | 0164A | | 0173A | |
| 3 | | RUC Collaboration Website | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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; 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, bivalent, preservative free, 10 mcg/0.2 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, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose | |
| 5 | | | Novavax Booster (18 years+) | | Moderna Bivalent Booster (6mo- 5yr) | | Pfizer Bivalent 3rd Dose (6mo-4yr) | |
| 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 | $ 13.82 | | $ 13.82 | | $ 14.21 | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 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 | 29.0 | 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 | $ 12.40 | $ - | $ 12.40 | $ - | $ 12.77 | $ - |
| 14 | | PRE-SERVICE PERIOD | | | | | | |
| 15 | | Start: Following visit when decision for surgery/procedure made | | | | | | |
| 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 | | 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 (pre- | 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/procedure: | | | | | | |
| 32 | | Pre-Service (of service period) | | | | | | |
| 33 | CA009 | Greet patient, provide gowning, ensure appropriate medical | 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 | | 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 | | | | | | |
| 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 | 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 1:4 | 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 requisitions | | | | | | |
| 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 RIS | | | | | | |
| 69 | CA033 | Perform regulatory mandated quality assurance activity (service | 5 | | 5 | | 5 | |
| 70 | CA034 | Document procedure (non-PACS) (e.g. mandated reporting, | 3 | | 3 | | 3 | |
| 71 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | | | |
| 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 | CG | CH | CI | CJ | CK | CL |
|---|---|---|---|---|---|---|---|---|
| 1 | RUC Practice Expense Spreadsheet | | RECOMMENDED | | RECOMMENDED | | RECOMMENDED | |
| 2 | | | 0044A | | 0164A | | 0173A | |
| 3 | | RUC Collaboration Website | | | | | | |
| 4 | Clinical Activity Code | Meeting Date: DEC 2022<br>Revision Date (if applicable):<br>COVID-19 IA Novavax 18+ Booster, Moderna Bivalent Booster 6mo-5yr, Pfizer Bivalent 3rd Dose 6mo-4yr<br>Specialties: AAFP, ANA, AAP, ACP, ACOG | 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; 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, bivalent, preservative free, 10 mcg/0.2 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, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose | |
| 5 | | | Novavax Booster (18 years+) | | Moderna Bivalent Booster (6mo- 5yr) | | Pfizer Bivalent 3rd Dose (6mo-4yr) | |
| 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 | $ 13.82 | | $ 13.82 | | $ 14.21 | |
| 9 | | TOTAL CLINICAL STAFF TIME | 35.0 | 0.0 | 35.0 | 0.0 | 36.0 | 0.0 |
| 10 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 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 | 29.0 | 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* | | | | | | |
| 106 | Equipment Code | EQUIPMENT | | | | | | |
| 107 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | $ 0.81 | $ - | $ 0.81 | $ - | $ 0.83 | $ - |
| 108 | ED043 | refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates | 35 | | 35 | | 36 | |
| 109 | EF040 | refrigerator, vaccine, commercial grade, w-alarm lock | | | | | | |
| 112 | NEW | refrigerator, vaccine medical grade, w-data logger sngl glass door | 35 | | 35 | | 36 | |
| 113 | NEW | freezer, under counter, ultra cold 3.7 cu ft | | | | | | |
| 114 | | | | | | | | |
| 115 | | | | | | | | |
| 116 | | | | | | | | |
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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 (91300-91317) to their associated immunization administration codes (0004A, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A), patient age, 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, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A and 91300-91317 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) | Patient Age | 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)<br>0002A (2nd Dose)<br>0003A (3rd Dose)<br>0004A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine / Comirnaty | 59267-1000-1<br>59267-1000-01 | 1st Dose to 2nd Dose: 21 Days<br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| | | | | | | | 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)<br>0052A (2nd Dose)<br>0053A (3rd Dose)<br>0054A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine/Comirnaty | 59267-1025-1<br>59267-1025-01<br>00069-2025-1<br>00069-2025-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| 91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | 0124A (Booster) | 12 years and older | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0304-1<br>59267-0304-01<br>59267-1404-1<br>59267-1404-01 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 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)<br>0072A (2nd Dose)<br>0073A (3rd Dose)<br>0074A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-1055-1<br>59267-1055-01 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days<br><br>Booster: Refer to FDA/CDC Guidance |
| 91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0154A (Booster) | 5 years through 11 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0565-1<br>59267-0565-01 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0081A (1st Dose)<br>0082A (2nd Dose)<br>0083A (3rd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Vaccine | 59267-0078-1<br>59267-0078-01<br>59267-0078-4<br>59267-0078-04 | 1st Dose to 2nd Dose: 21 Days<br><br>2nd Dose to 3rd Dose: Refer to FDA/CDC Guidance |
| 91317 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | 0173A (3rd Dose) | 6 months through 4 years | Pfizer, Inc | Pfizer-BioNTech COVID-19 Bivalent | 59267-0609-1<br>59267-0609-01 | 3rd Dose: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | 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)<br>0012A (2nd Dose)<br>0013A (3rd Dose) | 12 years and older | Moderna, Inc | Moderna COVID-19 Vaccine/spikevax | 80777-273-10<br>80777-0273-10<br>80777-100-11<br>80777-0100-1 | 1st Dose to 2nd Dose: 28 Days<br>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) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-273-10<br>80777-0273-10 | Refer to FDA/CDC Guidance |
| 91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0134A (Booster) | 12 years and older | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91314 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0144A (Booster) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-282-05<br>80777-0282-05 | Booster: Refer to FDA/CDC Guidance |
| 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | 0111A (1st Dose)<br>0112A (2nd Dose)<br>0113A (3rd Dose) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-279-05<br>80777-0279-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month |
| 91316 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use | 0164A (Booster) | 6 months through 5 years | Moderna, Inc | Moderna COVID-19 Vaccine, Bivalent | 80777-283-02<br>80777-0283-02 | Booster: Refer to FDA/CDC Guidance |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | Vaccine Manufacturer | Vaccine Name(s) | NDC 10/NDC 11 Labeler Product ID (Vial) | Dosing Interval |
|---|---|---|---|---|---|---|---|
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | 0091A (1st Dose)<br>0092A (2nd Dose)<br>0093A (3rd Dose) | 6 years through 11 years | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | 1st Dose to 2nd Dose: 1 Month<br><br>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocomprom ised]): 1 Month |
| | | 0094A (Booster) | 18 years and older | Moderna, Inc | Moderna COVID-19 Vaccine | 80777-275-05<br>80777-0275-05 | Booster: 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)<br>0022A (2nd Dose) | 18 years and older | AstraZeneca, Plc | AstraZeneca COVID-19 Vaccine | 0310-1222-10<br>00310-1222-10 | 28 Days |

| Vaccine Code | Vaccine Code Descriptor | Vaccine Administration Code(s) | Patient Age | 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/0.5 mL dosage, for intramuscular use | 0031A (Single Dose)<br>0034A (Booster) | 18 years and older | Janssen | Janssen COVID-19 Vaccine | 59676-580-05<br>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)<br>0042A (2nd Dose) | 12 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | 21 Days |
| | | 0044A (Booster) | 18 years and older | Novavax, Inc | Novavax COVID-19 Vaccine | 80631-100-01<br>80631-1000-01 | Booster: Refer to FDA/CDC Guidance |
| 91310 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use | 0104A (Booster) | 18 years and older | Sanofi Pasteur | Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization) | 49281-618-20<br>49281-0618-20 | Booster: Refer to FDA/CDC Guidance |