AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Release for CPT 2022 – SARS-CoV-2 Immunization Administration

Every year, the RUC holds three meetings to review CPT codes that are either new, revised or considered potentially misvalued by either the Centers for Medicare and Medicaid Services (CMS) or the RUC's own process of identification performed by the Relativity Assessment Workgroup (RAW). In April 2012, the RUC approved a measure to release the final total RUC voting counts for each code reviewed during the most recently completed cycle. The release of these voting records will occur each year following CMS publication. This current release is for all SARS-CoV-2 Vaccine Immunization codes released so far for CY 2022 and will be updated as necessary.

SARS-CoV-2 Vaccine Immunization codes underwent expedited review by the RUC shortly after each CPT code was created by the CPT Editorial Panel. The immunization administration CPT codes for the first and second doses for the Pfizer-BioNTech (0001A-0002A) and Moderna (0011A-0012A) vaccines were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in December 2020. The immunization administration CPT codes for the AstraZeneca (0021A-0022A) and Janssen (0031A) vaccines were reviewed by the RUC in January 2021 and the Committee's final recommendations were submitted to CMS in February 2021. The immunization administration CPT codes for the Novavax vaccine (0041A-0042A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in April 2021. The immunization administration CPT codes for the third dose of the Pfizer-BioNTech (0003A) and the Moderna (0013A) vaccines were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in August 2021. The immunization administration CPT codes for the first, second and third doses for the Pfizer-BioNTech tris-sucrose formulation (0051A-0053A), the Pfizer-BioNTech booster doses for both formulations (004A, 0054A), the 50 mcg/0.25 mL Moderna booster dose (0064A) and the first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (0071A-0072A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in October 2021. The immunization administration CPT codes for the third dose for the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (0073A) and the first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 6 months through 5 years (0081A-0082A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in February 2022. The immunization administration CPT codes for the 50 mcg/0.5 mL Moderna booster dose (0094A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in March 2022. The immunization administration CPT codes for the booster dose for the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (0074A), the booster dose for the Sanofi-GSK COVID-19 vaccine (0104A), and the first and second doses of the Moderna COVID-19 vaccine for children ages 6 months through 5 years (0111A, 0112A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in June 2022. The immunization administration CPT codes for the third tris-sucrose dose of the Pfizer-BioNTech COVID-19 vaccine for children ages 6 months through 5 years (0083A), the first, second and third doses of the Moderna COVID-19 vaccine for children ages 6 years through 11 years (0091A, 0092A, 0093A) and the third does of the Moderna COVID-19 vaccine for children ages 6 months through 5 years were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in July 2022. The immunization administration CPT codes for 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 (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) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in September 2022.

The immunization administration CPT codes for the Novavax COVID-19 vaccine booster for individuals 18 years and older (0044A), the Moderna COVID-19 vaccine bivalent booster for children 6 months through 5 years of age (0164A), and the Pfizer-BioNTech tris-sucrose formulation vaccine bivalent third dose for children 6 months through 4 years of age (0173A) were reviewed by the RUC and the Committee's final recommendations were submitted to CMS in December 2022.

Further information about the RUC and its processes can be found at:

www.ama-assn.org/about-us/ruc

Below is a list of definitions and descriptions of RUC processes to help in the understanding the voting information published on the following pages:

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee *(described below)* and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- **Specialty Work RVU modified prior to or during Presentation (Yes/No):** This field indicates whether or not the specialty society(ies) involved in surveying a specific code have revised their work RVU recommendation prior to or during the presentation of the code to the RUC. These modifications are typically made after review of pre-facilitation committee discussion (see above) or after consideration of RUC reviewer comments.
- **Specialty Work RVU passed by RUC (Yes/No):** This field indicates whether or not the initially presented work RVU recommendation, as presented to the RUC by the specialty society(ies), was approved.
- **Specialty Work RVU facilitated by RUC (Yes/No):** Each meeting, three facilitation committees are established. Each committee consists of a subset of RUC members, specialty society Advisors and a member of the non-MD/DO Health Care Professional Advisory Committee (HCPAC) who, when a code does not meet the required two-third vote for approval, meet with the appropriate specialty society(ies) to reach consensus on a revised work RVU and direct practice expense. At the conclusion of a facilitation committee meeting, a report is written providing a rationale for the revised recommendations and the RUC again votes to either approve or disapprove these work RVU recommendations.
- **Specialty Work RVU modified by RUC process (Yes/No):** This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC process. Modifications can happen for any number of reasons: 1) a pre-facilitation committee meeting could offer alternative suggestions that the specialties include; 2) comments made during the review process or at the table during the presentation of the code could result in modifications; 3) a facilitation committee meeting can reach consensus on revised work RVUs.

- **Final RUC Vote- work RVU:** This field indicates the final RUC vote total for each code. These vote totals represent the final RUC determinations on each code. CPT code RVU recommendations could have changed substantially from the original specialty societies' recommendation through any of the mechanisms laid out in the fields listed in the table and described above. There are 29 voting members on the RUC. A vote total may not add up to 29 (or 28 votes prior to the RUC's addition of another voting member for April 2021 and beyond) for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

RUC Vote Totals – SARS-CoV-2 Immunization Administration

CPT Code	CPT Long Descriptor	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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	N	N	Y	N	N	29-0	29-0
0073A	Immunization administration 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	N	N	Y	N	N	28-0	28-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	28-0	28-0
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	N	N	Y	N	N	28-0	28-0

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0083A	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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0

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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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0

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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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0
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	N	N	Y	N	N	29-0	29-0