

**AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE  
RUC RECOMMENDATIONS**

**TABLE OF CONTENTS**

**CPT 2023 COVID Immunization Administration RUC Recommendations**

Pfizer Tris-Sucrose Bivalent Booster age 6 months through 4 years .....	01
Moderna, Pfizer Additional Doses .....	02
COVID-19 Immunization Administration Single Code (90480).....	03

March 27, 2023

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 0174A, 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 administration of the Pfizer-BioNTech tris-sucrose formulation vaccine bivalent booster dose for children 6 months through 4 years of age (0174A).

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

March 2023

### **SARS-CoV-2-Immunization Administration – Pfizer Bivalent 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) 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.

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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 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 dose 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 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) (Coronavirus disease [COVID-19]). CPT code 0083A describes the third dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation

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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 Panel 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.

In March 2023, the CPT Editorial Panel created new code 0174A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0174A describes the bivalent booster 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 the first (0081A), second (0082A), and third (0083A) 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.

**0174A SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 6 months through 4 years, Bivalent Booster Dose**

The RUC reviewed the specialty society recommendations for vaccine administration codes 0174A 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 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 code 0174A.**

**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 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, 0173A and 0174A 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, 0173A and 0174A) 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

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*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 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, 0173A and 0174A) 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
<b>Category I</b> <b>Evaluation and Management</b> <b>Preventive Medicine Services</b> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 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, <u>0174A</u>. For vaccine/toxoid products, see 90476-90759, 91300-<u>91317</u>.</p> <p><b>Medicine</b>  <b>Immunization Administration for Vaccines/Toxoids</b></p> <p>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, <u>0174A</u>) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-<u>91317</u>).</p> <p><i>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 <b>Instructions for Use of the CPT Codebook</b> for definition of reporting qualifications.)</i></p> <p>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, <u>0174A</u> 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-<u>91317</u>), 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,</p>				

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>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.</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>(For allergy testing, see 95004 et seq)</i></p> <p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p> <p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p> <p>90460      <i>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</i></p> <p>✚90461      <i>each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)</i></p> <p><i>(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)</i></p> <p><i>(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)</i></p> <p>90471      <i>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</i></p> <p><i>(Do not report 90471 in conjunction with 90473)</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
✚90472		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90472 in conjunction with 90460, 90471, 90473)</i></p> <p><i>(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)</i></p> <p><i>(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96374)</i></p> <p><i>(For intravesical administration of BCG vaccine, see 51720, 90586)</i></p>		
90473		<p><i>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</i></p> <p><i>(Do not report 90473 in conjunction with 90471)</i></p>		
✚90474		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90474 in conjunction with 90460, 90471, 90473)</i></p> <p><i>(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)</i></p>		
●0001A		<p><i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose</i></p>		
●0002A		<i>second dose</i>		
●0003A		<i>third dose</i>		
●0004A		<i>booster dose</i>		
		<p><i>(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)</i></p> <p><i>(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)</i></p>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
#●0051A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose</i>		
#●0052A		<i>second dose</i>		
#●0053A		<i>third dose</i>		
#●0054A		<i>booster dose</i>		
		<i>(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)</i>		
		<i>(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315)</i>		
#●0124A		<i>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</i>		
		<i>(Report 0124A for the administration of vaccine 91312)</i>		
		<i>(Do not report 0124A in conjunction with 91300, 91305, 91307, 91308, 91315)</i>		
#●0071A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose</i>		
#●0072A		<i>second dose</i>		
#●0073A		<i>third dose</i>		
#●0074A		<i>booster dose</i>		
		<i>(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)</i>		
		<i>(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315)</i>		
#●0154A		<i>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</i>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
#●0081A		<i>(Report 0154A for the administration of vaccine 91315)</i> <i>(Do not report 0154A in conjunction with 91300, 91305, 91307, 91308, 91312)</i> <i>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</i>		
	#●0082A	<i>second dose</i>		
	#●0083A	<i>third dose</i>		
#●0173A		<i>(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)</i> <i>(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)</i> <i>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</i>		
		<u><del>(Report 0173A for the administration of vaccine 91317)</del></u> <u><del>(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])</del></u>		
		<i>(Do not report 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)</i>		
#●0174A	BB1	booster dose (Report 0173A, 0174A for the administration of vaccine 91317) (Use 0174A in conjunction with 91317 when used as a booster dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A]) (Do not report 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)	XXX	0.20
●0011A		<i>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, 100 mcg/0.5 mL dosage; first dose</i>		

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●0012A	<i>second dose</i>
●0013A	<i>third dose</i>
	<i>(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)</i>
	<i>(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314, 91316)</i>
●0064A	<i>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</i>
	<i>(Report 0064A for the administration of vaccine 91306)</i>
	<i>(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)</i>
#●0134A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose</i>
	<i>(Report 0134A for the administration of vaccine 91313)</i>
	<i>(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)</i>
#●0144A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose</i>
	<i>(Report 0144A for the administration of vaccine 91314)</i>
	<i>(Do not report 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)</i>
#●0091A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years</i>
#●0092A	<i>second dose, when administered to individuals 6 through 11 years</i>
#●0093A	<i>third dose, when administered to individuals 6 through 11 years</i>
#▲0094A	<i>booster dose, when administered to individuals 18 years and over</i>
	<i>(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)</i>
	<i>(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)</i>

●0021A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage; first dose</i>
●0022A	<i>second dose</i> <i>(Report 0021A, 0022A for the administration of vaccine 91302)</i>
●0031A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage; single dose</i>
●0034A	<i>booster dose</i> <i>(Report 0031A, 0034A for the administration of vaccine 91303)</i>
●0041A	<i>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</i>
●0042A	<i>second dose</i>
●0044A	<i>booster dose</i> <i>(Report 0041A, 0042A, 0044A for the administration of vaccine 91304)</i>
●0104A	<i>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</i> <i>(Report 0104A for the administration of vaccine 91310)</i>
●0111A	<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose</i>
●0112A	<i>second dose</i>
●0113A	<i>third dose</i> <i>(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)</i> <i>(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)</i>

#●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*

*(Report 0164A for the administration of vaccine 91316)*

*(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](http://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, 0174A). 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, 0174A 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, 0174A.*

*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](http://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 in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years) 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 and 0174A 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*

	<p><i>(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)</i></p> <p><i>(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A, 0173A, <u>0174A</u>)</i></p>
#91305	<p><i>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</i></p> <p><i>(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)</i></p> <p><i>(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A, 0173A, <u>0174A</u>)</i></p>
#●91312	<p><i>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</i></p> <p><i>(Report 91312 with administration code 0124A)</i></p> <p><i>(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, 0173A, <u>0174A</u>)</i></p>
#91307	<p><i>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</i></p> <p><i>(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)</i></p> <p><i>(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, 0124A, 0154A, 0173A, <u>0174A</u>)</i></p>
#↗●91315	<p><i>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</i></p> <p><i>(Report 91315 with administration code 0154A)</i></p> <p><i>(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, 0173A, <u>0174A</u>)</i></p>
#91308	<p><i>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</i></p> <p><i>(Report 91308 with administration codes 0081A, 0082A, 0083A)</i></p>

	<p><i>(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0124A, 0154A, 0173A, 0174A)</i></p>
# <del>9</del> 91317	<p><i>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</i></p> <p><u><i>(Report 91317 with administration codes 0173A, 0174A)</i></u></p> <p><i>(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)</i></p> <p><u><i>(Use 91317 as the booster dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)</i></u></p> <p><i>(Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A)</i></p>
#91301	<p><i>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</i></p> <p><i>(Report 91301 with administration codes 0011A, 0012A, 0013A)</i></p> <p><i>(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A, 0164A)</i></p>
#91306	<p><i>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</i></p> <p><i>(Report 91306 with administration code 0064A)</i></p> <p><i>(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A, 0164A)</i></p>
#91313	<p><i>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</i></p> <p><i>(Report 91313 with administration code 0134A)</i></p> <p><i>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0144A, 0164A)</i></p>
#91314	<p><i>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</i></p> <p><i>(Report 91314 with administration code 0144A)</i></p>

	<i>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)</i>
#91311	<p><i>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</i></p> <p><i>(Report 91311 with administration codes 0111A, 0112A, 0113A)</i></p> <p><i>(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0144A, 0164A)</i></p>
#91316	<p><i>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</i></p> <p><i>(Report 91316 with administration code 0164A)</i></p> <p><i>(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A)</i></p>
#91309	<p><i>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</i></p> <p><i>(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)</i></p> <p><i>(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0144A, 0164A)</i></p>
#91302	<p><i>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use</i></p> <p><i>(Report 91302 with administration codes 0021A, 0022A)</i></p>
#91303	<p><i>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use</i></p> <p><i>(Report 91303 with administration code 0031A, 0034A)</i></p>
#91304	<p><i>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</i></p> <p><i>(Report 91304 with administration codes 0041A, 0042A, 0044A)</i></p>

#~~9~~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, 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, 0174A)

**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, 0174A), 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, 0174A 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) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):  28 or More Days  Booster: Refer to FDA/CDC Guidance
#91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):  28 or More Days  Booster: Refer to FDA/CDC Guidance
<del>#91312</del> 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 59267-0304-01  59267-1404-1 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) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 yrs through 11 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days  Booster: Refer to FDA/CDC Guidance

#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 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) #0082A (2nd Dose) #0083A (3rd Dose)	6 mo through 4 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	1st Dose to 2nd Dose: 21 Days  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) <u>0174A (Booster Dose)</u>	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	3rd Dose: Refer to FDA/CDC Guidance  <u>Booster: Refer to FDA/CDC Guidance</u>
#91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/ Spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-11	1st Dose to 2nd Dose: 28 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
#91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	18 yrs of age and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance

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

#●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 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 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
		#0094A (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 <sup>10</sup> viral	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



	particles/0.5 mL dosage, for intramuscular use						
#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
#91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 yrs of age and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		●0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 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 49281-0618-20	Booster: Refer to FDA/CDC Guidance

March 15, 2023

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 SARS-CoV2 IA-Pfizer Bivalent 6 mos-4 yrs**

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 newly approved bivalent COVID-19 Immunization Administration (Pfizer Bivalent 6mos-4yrs, booster dose).

**0174A 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; booster dose**

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

COVID-19 Immunization Administration RUC Recommendations

To-date, the RUC has recommended work relative value units (wRVUs) and direct practice expense inputs on forty (40) existing COVID-19 IA CPT 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). 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, 0174A): 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 Code 0174A:

Based on the RUC work precedent, we recommend the following for CPT code 0174A

0.20 wRVU

7 minutes intra-service time

### ACP-ACOG-AAFP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0174A:

Based on the RUC practice expense precedent, we recommend applying the following for CPT code 0174A:

CPT Code	Vaccine Manufacturer (Formulation) (Pt Age)	Dose	RUC Direct PE Crosswalk	Adjustments to RUC Direct PE Crosswalk
0174A	Pfizer (tris-sucrose) Bivalent (6mo-4yr)	Booster	0081A	Remove 2 minutes CA033 ( <i>Patient record creation and demographic entry</i> )

Thank you for your consideration.

Sincerely,

**Bradley P. Fox, MD, FAAFPRUC** 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**

CPT Code:0174A      Tracking Number   BB1

Original Specialty Recommended RVU: **0.20**Global Period: XXX      Current Work RVU: **N/A**Presented Recommended RVU: **0.20**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; 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 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%

**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**

<b>RUC Meeting Date (mm/yyyy)</b>		04/2023			
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP				
<b>CPT Code:</b>	0174A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b> Panel					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0174A	<b>Recommended Physician Work RVU: 0.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		7.00		
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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, mRNA LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0174A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

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

Less      Identical      More

--	--	--

### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
--------------------------	--	--	--



**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0174A, 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.

## 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 %
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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	<b>ISSUE: COVID-19 Immunization Administration Pfizer Bivalent Booster 6mo-4yrs</b>																						
14	<b>TAB:</b>																						
15																							
16	Source	CPT	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD
									MIN	25th	MED	75th	MAX		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			

# 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
62	March 2023 RUC	0174A	XXX	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	Pfizer	6mo-4yr Bivalent Booster	0.029	0.029			0.20			7						7			

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

<b>Meeting Date:</b> April 2023
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CPT Code	Long Descriptor	Global Period
0174A	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; booster dose [Pfizer Bivalent (6mo-4yr)]	XXX

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

CPT Code	Vignette
0174A	A parent or guardian of a 1-year-old child who was previously immunized with a primary series seeks 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.

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](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your reference codes*):

<b>CPT code 0174A:</b> 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%
--

**NONFACILITY DIRECT PE INPUTS****CPT CODE(S): 0174A****SPECIALTY SOCIETY(IES): AAFP, AAP, ANA****PRESENTER(S): Bradley Fox, 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)**

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 code **0174A** 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)
- For CPT codes **0174A**: 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



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

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 than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

**NONFACILITY DIRECT PE INPUTS****CPT CODE(S): 0174A****SPECIALTY SOCIETY(IES): AAFP, AAP, ANA****PRESENTER(S): Bradley Fox, 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)**

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)

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 Latitude D600), ED038?

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0174A**

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

**PRESENTER(S): Bradley Fox, 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)**

- 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)

Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) (\$7,674.43)

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0174A**

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

**PRESENTER(S): Bradley Fox, 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)**

**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](mailto: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	C	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	
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, AANA, AAP, ACP	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						
4													
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	
24	OLD Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37		1							
25	Other activity: please include short clinical description here and type new in column A	L037D	RN/LPN/MTA	0.37									
26	End: When patient enters office/facility for surgery/procedure												
27	SERVICE PERIOD												
28	Start: When patient enters office/facility for surgery/procedure:												
29	Pre-Service (of service period)												
30	CA009 Greet patient, provide gowning, ensure appropriate medical attire	L037D	RN/LPN/MTA	0.37						3		3	
31	CA010 Obtain vital signs	L037D	RN/LPN/MTA	0.37				1		0		0	
32	CA011 Provide education/obtain consent	L037D	RN/LPN/MTA	0.37		3				3		3	
33	CA012 Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						1		1	
34	CA013 Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37				2		2		2	
35	CA014 Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37									
36	CA015 Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37									
37	CA016 Prepare, setup and start tv, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.37									
38	CA017 Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37									
39	Intra-service (of service period)												
40	CA018 Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.37									
41	CA019 Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.37									
42	CA020 Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.37									
43	CA021 Perform procedure/service---not directly related to physician	L037D	RN/LPN/MTA	0.37		4				4		4	
44	OLD Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37		1							
45	Post-Service (of service period)												
46	CA022 Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						4		4	
47	CA023 Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37									
48	CA024 Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37		1		5		3		3	
49	CA025 Clean scope	L037D	RN/LPN/MTA	0.37									
50	CA026 Clean surgical instrument package	L037D	RN/LPN/MTA	0.37									
51	CA027 Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37									
52	CA028 Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37									
53	CA029 Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37									
54	CA030 Technology check images in PACS; checking for air images, etc.	L037D	RN/LPN/MTA	0.37									
55	CA031 Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37									
56	CA032 Perform examination with prior complete exam in room	L037D	RN/LPN/MTA	0.37									
57	CA033 Perform regulatory mandated quality assurance activity (service document procedure (non PACS) (eg: mandated reporting, etc.)	L026A	medical technician	0.26						7		5	
58	CA034 Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						3		3	
59	CA035 Discharge day management	L037D	RN/LPN/MTA	0.37		n/a		n/a		n/a		n/a	
60	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							
61	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							
62	End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37									
63	POST-SERVICE PERIOD												
64	Start: Patient leaves office/facility												
65	CA037 Conduct patient communications	L037D	RN/LPN/MTA	0.37		1	1			3	0	3	0
66	CA038 Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37									
67	Office visits: List Number and Level of Office Visits	MINUTES				# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
68	99211 16 minutes	16											
69	99212 27 minutes	27											
70	99213 36 minutes	36											
71	99214 53 minutes	53											
72	99215 63 minutes	63											
73	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
74	Other activity: please include short clinical description here	L037D	RN/LPN/MTA	0.37									
75	End: with last office visit before end of global period												

[illegible]

A		B		O		P		Q		R		S		T		U		V		W		X	
1	RUC Practice Expense Spreadsheet					0011A		0012A		0021A		0022A		0031A									
2																							
3	RUC Collaboration Website																						
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP		Immunization administration 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 <sup>10</sup> 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 <sup>10</sup> 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 <sup>10</sup> viral particles/0.5mL dosage; single dose											
4				Moderna 1st Dose		Moderna 2nd Dose		AstraZeneca 1st Dose		AstraZeneca 2nd Dose		Janssen Single Dose											
5																							
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		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	Assess patient, promote growing, 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, setup and start tv, initial positioning and monitoring of																					
41	CA017	Sedate/apply anesthesia																					
46		Intra-service (of service period)																					
47	CA018	Assess physician or other qualified healthcare professional																					
48	CA019	Assess physician or other qualified healthcare professional																					
49	CA020	Assess physician or other qualified healthcare professional																					
50	CA021	Perform procedure/service and if 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 checks images in PACS, checking for all images, reference images																					
67	CA031	Review examination with interpreting MD/DO																					
68	CA032	Perform regulatory mandated quality assurance activity (service)																					
69	CA033	Document procedure (non PACS) (e.g. mandated reporting, patient consent, FFS)		7				5				7				5				7			
70	CA034	Document procedure (non PACS) (e.g. mandated reporting, patient consent, FFS)		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		Other activity: please include short clinical description here and type new in column A																					
92		End: with last office visit before end of global period																					
95																							





	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Practice Expense Spreadsheet		0041A		0042A		0003A		0013A		0004A	
2												
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	
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP										
4												
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										
		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	Assess physician or other qualified healthcare professional--stress position, promote grooming, ensure appropriate medical attire, etc.	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, drape and start tv, initial positioning and monitoring on										
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 regulatory mandated quality assurance activity (service	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	Technology: check images in PACS; checking for all images, final read, etc.										
67	CA031	Review examination with interpreting MD/DO										
68	CA032	Perform regulatory mandated quality assurance activity (service										
69	CA033	Document procedure (non PACS) (e.g. mandated reporting, patient, etc.)	7		5		5		5		5	
70	CA034	Discharge procedure (non PACS)	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.										
	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		Other activity: please include short clinical description here										
92		End: with last office visit before end of global period										
95												

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 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFF, ANA, AAP, ACP												
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/cleaners			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			Immunization administration 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	
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP											
4													
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											
		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	Assist physician or other qualified healthcare professional--		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, setup and start tv, 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 regulatory mandated quality assurance activity (service		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	Technology: check images in PACS; checking for all images, tech notes											
67	CA031	Review examination with interpreting MD/DO											
68	CA032	Perform regulatory mandated quality assurance activity (pre-											
69	CA033	Document procedure (non PACS) (e.g. mandated reporting, patient, CPT, etc.)		7		5		5		5		5	
70	CA034	Discharge procedure (non PACS)		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	
	OLD	Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.											
75	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.											
76	End: Patient leaves office/facility												
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	Other activity: please include short clinical description here												
92	End: with last office visit before end of global period												
95													

	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	Immunization administration 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	
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFF, ANA, AAP, ACP										
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/cleaners	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 snl glass door	37		33		35		35		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
115												
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121												
122												
123												
124												
125												
126												
127												
128												

A		B		AS		AT		AU		AV		AW		AX		AY		AZ	
1	RUC Practice Expense Spreadsheet					0071A		0072A		0034A		0073A							
2																			
3	RUC Collaboration Website																		
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP		Immunization administration 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 <sup>10</sup> 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		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						0				2				2			
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	Obtain patient history, review growth, 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, setup and start IV, fluid 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	Review images of x-images in PACS, checking for all images, and																	
67	CA031	Review examination with interpreting MD/DO																	
68	CA032	Open exam documents in PACS, complete exam in PACS																	
69	CA033	Perform regulatory mandated quality assurance activity (service		7				5				5				5			
70	CA034	document procedure (non PACS) (e.g. mandated reporting, (service		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	Other activity: please include short clinical description here and type new in column A																		
92	End: with last office visit before end of global period																		
95																			

A		B		AS	AT	AU	AV	AW	AX	AY	AZ
1	RUC Practice Expense Spreadsheet										
2				0071A		0072A		0034A		0073A	
3	RUC Collaboration Website			Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; 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 <sup>10</sup> 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	
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFF, ANA, AAP, ACP									
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/cleaners		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 snl glass door		38		34		35		36	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft									
114											
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	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: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFF, ANA, AAP, ACP										
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/cleaners	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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124												
125												
126												
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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			Immunization administration 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		
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP												
4				Moderna 6 mo-5 1st Dose		Moderna 6 mo-5 2nd Dose		Pfizer 6 mo-4yr Tris-Sucrose 3rd Dose		Moderna 6-11 1st Dose		Moderna 6-11 2nd Dose		
5				Non Fac Facility		Non Fac Facility		Non Fac Facility		Non Fac Facility		Non Fac Facility		
6	LOCATION			XXX		XXX		XXX		XXX		XXX		
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	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 (Bandaidd)			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/cleaners			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	\$ -	\$ 0.83	\$ -	\$ 0.85	\$ -	\$ 0.76	\$ -	
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates			37	33	36	37	33	37	33	37	33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock												
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door			37	33	36	37	33	37	33	37	33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft												
114														
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124														
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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			Immunization administration 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, mRNA-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	
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP													
5				Moderna 6-11 3rd Dose		Moderna 6 mo-5 3rd Dose		Pfizer 12+ Bivalent Booster		Moderna 18+ Bivalent Booster		Moderna 6-11 Bivalent Booster		Pfizer 5-11 Bivalent Booster	
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	35.0	0.0
10	TOTAL PRE-SERVICE CLINICAL STAFF TIME			4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
11	TOTAL SERVICE PERIOD CLINICAL STAFF TIME			28.0	0.0	28.0	0.0	28.0	0.0	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	Screen patient, provide greeting, ensure appropriate medical attire		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, setup and start tv, 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 regulatory mandated quality assurance activity (service period)		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	Confirm 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 checks images in PACS; checking for all images, correct patient, correct exam													
67	CA031	Review examination with interpreting MD/DO													
68	CA032	Clean exam room/equipment by clinical staff; complete exam room													
69	CA033	Perform regulatory mandated quality assurance activity (service period)		5		5		5		5		5		5	
70	CA034	Document procedure (non PACS) (e.g.: mandated reporting, patient consent, 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	Other activity: please include short clinical description here														
92	End: with last office visit before end of global period														
95															

[illegible]

	A	B	CG	CH	CI	CJ	CK	CL	CM	CN
1	RUC Practice Expense Spreadsheet									
2										
3		RUC Collaboration Website								
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booster 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	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		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		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		RECOMMENDED 0174A 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; booster dose	
5			Novavax 18+ Booster		Moderna 6mo- 5yr Bivalent Booster		Pfizer 6mo-4yr Bivalent 3rd Dose		Pfizer 6mo-4yr Bivalent 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	\$ 13.82	\$ -	\$ 13.82	\$ -	\$ 14.21	\$ -	\$ 14.21	\$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	36.0	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	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	28.0	0.0	28.0	0.0	29.0	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	\$ -	\$ 12.40	\$ -	\$ 12.77	\$ -	\$ 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		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	
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	2		2		3		3	
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, setup and sedate 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 checks images in PACS, checking for air images,								
67	CA031	Review examination with interpreting MD/DO								
68	CA032	Scan exam specimens into PACS; Complete exam notes								
69	CA033	Perform regulatory mandated quality assurance activity (service	5		5		5		5	
70	CA034	Document procedure (non-ACS) (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								

[illegible]



## 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, 0174A), 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, 0174A 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) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days

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) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine/Comirnaty	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days  Booster: Refer to FDA/CDC Guidance
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 59267-0304-01 59267-1404-1 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) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 28 or More Days  Booster: Refer to FDA/CDC Guidance
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 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) 0082A (2nd Dose) 0083A (3rd Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	1st Dose to 2nd Dose: 21 Days  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 (3 <sup>rd</sup> Dose) 0174A (Booster)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	3 <sup>rd</sup> Dose: Refer to FDA/CDC Guidance  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
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-1	1st Dose to 2nd Dose: 28 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 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 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 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 months through 5 years	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

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) 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
		0094A (Booster)	18 years 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 <sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 years and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 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 <sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 years and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 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 49281-0618-20	Booster: Refer to FDA/CDC Guidance

May 30, 2023

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 0121A, 0141A, 0142A, 0151A, 0171A and 0172A, which describes immunization administration (IA) by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine.

CPT code 0121A describes the bivalent single dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for individuals 12 years of age and older (i.e., 30 mcg/0.3 mL dosage). CPT code 0141A and 0142A describe the bivalent first and second dose of the Moderna vaccine for children 6 months through 11 years of age (i.e., 25 mcg/0.25 mL dosage). CPT code 0151A describes the bivalent single 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). Lastly, CPT codes 0171A and 0172A describe the bivalent first and second 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). The CPT Editorial Panel also editorially revised 0094A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A to strike “booster” dose and replace with “additional” dose and for CPT code 0173A specified as “third dose” after administration of first (0171A) and second (0172A) doses of the 91317 bivalent vaccine product.

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  
Michael Soracoe  
Gift Tee

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

May 2023

### **SARS-CoV-2-Immunization Administration – Moderna & Pfizer Additional Doses**

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. 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 years through 11 years (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 dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5 years through 11 years (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. *See below table for May 2023 CPT editorial revisions.*

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 Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5 years through 11 years (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) (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. *See below table for May 2023 CPT editorial revisions.* 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 initially described the bivalent booster of the Moderna vaccine for individuals 18 years or older (now for 12 years or older) and CPT code 0144A initially described the bivalent booster of the Moderna vaccine for children 6 years through 11 years of age (now for 6 months through 11 years of age) (i.e., 25 mcg/0.25 mL dosage). *See below table for May 2023 CPT editorial revisions.*

In November and December 2022, the CPT Editorial Panel 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 of age (i.e., 10 mcg/0.2 mL dosage). *See below table for May 2023 CPT editorial revisions.* 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.

In March 2023, the CPT Editorial Panel created new code 0174A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0174A describes the bivalent booster 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 the first (0081A), second (0082A), and third (0083A) doses of the 91308 vaccine product. *See below table for May 2023 CPT editorial revisions.*

**In May 2023, the CPT Editorial Panel created new codes 0121A, 0141A, 0142A, 0151A, 0171A and 0172A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0121A describes the bivalent single dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for individuals 12 years of age and older (i.e., 30 mcg/0.3 mL dosage). CPT code 0141A and 0142A describe the bivalent first and second dose of the Moderna vaccine for children 6 months through 11 years of age (i.e., 25 mcg/0.25 mL dosage). CPT code 0151A describes the**

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**bivalent single 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). Lastly, CPT codes 0171A and 0172A describe the bivalent first and second 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). The Panel also editorially revised 0094A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A to strike “booster” dose and replace with “additional” dose and for CPT code 0173A specified as “third dose” after administration of first (0171A) and second (0172A) doses of the 91317 bivalent 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.

***0121A SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 12 years and older, Bivalent Single Dose***

***0141A SARS-CoV-2-Immunization Administration – Moderna 6 months through 11 years, Bivalent First Dose***

***0142A SARS-CoV-2-Immunization Administration – Moderna 6 months through 11 years, Bivalent Second Dose***

***0151A SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 5 through 11 years, Bivalent Single Dose***

***0171A SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 6 months through 4 years, Bivalent First Dose***

***0172A SARS-CoV-2-Immunization Administration – Pfizer-BioNTech Tris-Sucrose 6 months through 4 years, Bivalent Second Dose***

The RUC reviewed the specialty society recommendations for vaccine administration codes 0121A, 0141A, 0142A, 0151A, 0171A and 0172A and determined they should be valued the same as the previous single, first, second, third, booster or additional 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 third, booster or additional doses, the total physician work resources required for the third, booster, or additional 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, booster or additional 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 adult dose or pediatric dose 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

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recommends that all COVID-19 immunization administration be valued the same as the single, first, second, third, booster and additional 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 0121A, 0141A, 0142A, 0151A, 0171A and 0172A.**

### 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 recommended 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, booster or additional dose 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, booster or additional dose of the COVID-19 vaccines.

For Pfizer pediatric COVID-19 immunization administration codes 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0151A, 0154A, 0171A, 0172A, 0173A and 0174A, 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, 0141A, 0142A, 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 or single dose of all COVID-19 immunization administration is 7 minutes (0001A, 0011A, 0021A, 0031A, 0041A, 0051A, 0071A, 0081A, 0091A, 0111A, 0121A, 0141A, 0151A, 0171A). However, 2 minutes less, or 5 minutes total for CA033 are required for the second, third, booster or additional doses for all COVID-19 immunization administration codes (0002A, 0003A, 0004A,

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0012A, 0013A, 0022A, 0034A, 0042A, 0044A, 0052A, 0053A, 0054A, 0064A, 0072A, 0073A, 0074A, 0082A, 0083A, 0092A, 0093A, 0094A, 0104A, 0112A, 0113A, 0124A, 0134A, 0142A, 0144A, 0154A, 0164A, 0172A, 0173A and 0174A) 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 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A and 0174A) 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
<b>Category I</b>				
<b>Evaluation and Management</b>				
<b>Preventive Medicine Services</b>				
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, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, <u>0121A</u> , 0124A, 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, <u>0151A</u> , 0154A, 0164A, <u>0171A</u> , <u>0172A</u> , 0173A, 0174A. For vaccine/toxoid products, see 90476-90759, 91300-91317.				
<b>Medicine</b>				
<b>Immunization Administration for Vaccines/Toxoids</b>				
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, <u>0121A</u> , 0124A, 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, <u>0151A</u> , 0154A, 0164A, <u>0171A</u> , <u>0172A</u> , 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91317).				
<i>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</i>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		<p>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 <b>Instructions for Use of the CPT Codebook</b> for definition of reporting qualifications.)</p> <p>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, <u>0121A</u>, 0124A, 0134A, <u>0141A</u>, <u>0142A</u>, 0144A, <u>0151A</u>, 0154A, 0164A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A 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.</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>(For allergy testing, see 95004 et seq)</i></p> <p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p> <p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p> <p>90460      <i>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</i></p>		

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 91300-91317, 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)  (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)		



CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<i>(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)</i>				
●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		
<i>(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)</i>				
<i>(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)</i>				
#●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		
<i>(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)</i>				
<i>(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315, 91317)</i>				
#●0121A	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, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose	XXX	0.20

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#▲0124A		<p><del>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 <u>additional</u> dose</del></p> <p>(Report <u>0121A</u>, 0124A for the administration of vaccine 91312)</p> <p>(Do not report <u>0121A</u>, 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)</p>		
#●0071A		<p>Immunization administration 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</p>		
#●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, 91317)		
#●0151A	CC2	<p>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; single dose</p>	XXX	0.20
#●0154A		<p><del>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 additional dose</del></p> <p>(Report <u>0151A</u>, 0154A for the administration of vaccine 91315)</p> <p>(Do not report <u>0151A</u>, 0154A in conjunction with 91300, 91305, 91307, 91308, 91312, 91317)</p>		
#●0081A		<p>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</p>		
#●0082A		second dose		

<p>#●0083A                      <i>third dose</i></p> <p>(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)</p> <p>(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)</p>				
#●0171A	CC3	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; first dose	XXX	0.20
#●0172A	CC4	second dose	XXX	0.20
<p>#▲0173A                      <del>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</del></p> <p><del>(Report 0173A for the administration of vaccine 91317)</del></p> <p><del>(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])</del></p> <p><del>(Do not report 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)</del></p>				
<p>#▲0174A                      <del>booster</del> additional dose</p> <p>(Report 0171A, 0172A, 0173A, 0174A for the administration of vaccine 91317)</p> <p>(Use 0174A in conjunction with 91317 when used as a <del>booster</del> additional dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A])</p> <p>(Do not report 0171A, 0172A, 0173A, 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)</p>				
<p>●0011A                      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, 100 mcg/0.5 mL dosage; first dose</p>				
<p>●0012A                      second dose</p>				
<p>●0013A                      third dose</p> <p>(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)</p>				

<p><i>(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314, 91316)</i></p> <p>●0064A      <i>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</i></p> <p><i>(Report 0064A for the administration of vaccine 91306)</i></p> <p><i>(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)</i></p> <p>#▲0134A      <i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, <del>booster</del> <u>additional</u> dose</i></p> <p><i>(Report 0134A for the administration of vaccine 91313)</i></p> <p><i>(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)</i></p>				
#●0141A	CC5	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; first dose	XXX	0.20
#●0142A	CC6	second dose	XXX	0.20
<p>#▲0144A      <i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, <del>booster</del> <u>additional</u> dose</i></p> <p><i>(Report 0141A, 0142A, 0144A for the administration of vaccine 91314)</i></p> <p><i>(Do not report 0141A, 0142A, 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)</i></p> <p>#●0091A      <i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years</i></p> <p>#●0092A      <i>second dose, when administered to individuals 6 through 11 years</i></p> <p>#●0093A      <i>third dose, when administered to individuals 6 through 11 years</i></p>				

#▲0094A	<u>additional</u> <del>booster</del> 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, $5 \times 10^{10}$ 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, $5 \times 10^{10}$ 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
●0044A	booster dose (Report 0041A, 0042A, 0044A 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	third dose

<p>#▲0164A</p>	<p><i>(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)</i></p> <p><i>(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)</i></p> <p><i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, <del>booster</del> <u>additional</u> dose</i></p> <p><i>(Report 0164A for the administration of vaccine 91316)</i></p> <p><i>(Do not report 0164A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314)</i></p>
<p><b>Vaccines, Toxoids</b></p>	<p><i>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).</i></p> <p><i>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 (<a href="http://www.ama-assn.org/go/cpt-vaccine">www.ama-assn.org/go/cpt-vaccine</a>) for the most up-to-date information on codes with the ✈ symbol.</i></p> <p><i>Codes 90476-90759, 91300-91317, identify the vaccine product <b>only</b>. 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, <u>0121A</u>, 0124A, 0134A, <u>0141A</u>, <u>0142A</u>, 0144A, <u>0151A</u>, 0154A, 0164A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A). 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.</i></p> <p><i>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, <u>0121A</u>, 0124A, 0134A,</i></p>

0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A.

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](http://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 in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A 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	<p>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</p> <p>(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)</p> <p>(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0121A</u>, 0124A, <u>0151A</u>, 0154A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
#91305	<p>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</p> <p>(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)</p> <p>(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0121A</u>, 0124A, <u>0151A</u>, 0154A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
#●91312	<p>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</p> <p>(Report 91312 with administration code <u>0121A</u>, 0124A)</p> <p>(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0151A</u>, 0154A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
#91307	<p>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</p> <p>(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)</p> <p>(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, <u>0121A</u>, 0124A, <u>0151A</u>, 0154A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
#↗●91315	<p>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</p> <p>(Report 91315 with administration code <u>0151A</u>, 0154A)</p> <p>(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0121A</u>, 0124A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
#91308	<p>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</p>



	<p>(Report 91308 with administration codes 0081A, 0082A, 0083A)</p> <p>(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, <u>0121A</u>, 0124A, <u>0151A</u>, 0154A, <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p>
# <del>9</del> 91317	<p>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</p> <p>(Report 91317 with administration codes <u>0171A</u>, <u>0172A</u>, 0173A, 0174A)</p> <p>(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)</p> <p>(Use 91317 as the <del>booster</del> <u>additional</u> dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)</p> <p>(Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0121A</u>, 0124A, <u>0151A</u>, 0154A)</p>
#91301	<p>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</p> <p>(Report 91301 with administration codes 0011A, 0012A, 0013A)</p> <p>(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, <u>0141A</u>, <u>0142A</u>, 0144A, 0164A)</p>
#91306	<p>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</p> <p>(Report 91306 with administration code 0064A)</p> <p>(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, <u>0141A</u>, <u>0142A</u>, 0144A, 0164A)</p>
#●91313	<p>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</p> <p>(Report 91313 with administration code 0134A)</p> <p>(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, <u>0141A</u>, <u>0142A</u>, 0144A, 0164A)</p>
#●91314	<p>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP,</p>

	<p><i>spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use</i></p> <p><i>(Report 91314 with administration code <u>0141A</u>, <u>0142A</u>, <u>0144A</u>)</i></p> <p><i>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)</i></p>
#91311	<p><i>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</i></p> <p><i>(Report 91311 with administration codes 0111A, 0112A, 0113A)</i></p> <p><i>(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, <u>0141A</u>, <u>0142A</u>, <u>0144A</u>, <u>0164A</u>)</i></p>
#91316	<p><i>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</i></p> <p><i>(Report 91316 with administration code 0164A)</i></p> <p><i>(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, <u>0141A</u>, <u>0142A</u>, <u>0144A</u>)</i></p>
#91309	<p><i>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</i></p> <p><i>(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)</i></p> <p><i>(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, <u>0141A</u>, <u>0142A</u>, <u>0144A</u>, <u>0164A</u>)</i></p>
#91302	<p><i>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use</i></p> <p><i>(Report 91302 with administration codes 0021A, 0022A)</i></p>
#91303	<p><i>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use</i></p> <p><i>(Report 91303 with administration code 0031A, 0034A)</i></p>
#91304	<p><i>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</i></p>

	(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 (Report 91310 with administration code 0104A)
90476	Adenovirus vaccine, type 4, live, for oral use
<b>Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration</b>	
<b>Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)</b>	
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, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, <u>0121A</u> , 0124A, 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, <u>0151A</u> , 0154A, 0164A, <u>0171A</u> , <u>0172A</u> , 0173A, 0174A)
<b>Appendix Q</b>	
<b>Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines</b>	
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, <u>0121A</u> , 0124A, 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, <u>0151A</u> , 0154A, 0164A, <u>0171A</u> , <u>0172A</u> , 0173A, 0174A), 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 <b>Medicine</b> 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, <u>0121A</u> , 0124A, 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, <u>0151A</u> , 0154A, 0164A, <u>0171A</u> , <u>0172A</u> , 0173A, 0174A and 91300-91317 can be found in the <b>Immunization Administration for Vaccines/Toxoids and Vaccines, Toxoids</b> guidelines in the <b>Medicine</b> section of the CPT code set.	
<b>Appendix Q</b>	

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) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):  28 or More Days  Booster All Dosing: Refer to FDA/CDC Guidance
#91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]):  28 or More Days  Booster All Dosing: 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	#0121A (Single Dose) #0124A (Booster Additional Dose)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0304-1 59267-0304-01  59267-1404-1 59267-1404-01	1st dose to Additional Dose Refer to FDA/CDC Guidance  Booster All Dosing: Refer to FDA/CDC Guidance
#91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 yrs through 11 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 21 Days  2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days  Booster All Dosing: 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	●0151A (Single Dose) #▲0154A (Booster Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	<u>1<sup>st</sup> dose to Additional Dose</u> <u>Refer to FDA/CDC Guidance</u>  <u>Booster All Dosing: Refer to FDA/CDC Guidance</u>
#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) #●0082A (2nd Dose) #●0083A (3 <sup>rd</sup> Dose)	6 mo through 4 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	<u>1st Dose to 2nd Dose: 21 Days</u>  <u>3rd Dose All Dosing: Refer to FDA/CDC Guidance</u>
●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	●0171A (1st Dose) ●0172A (2nd Dose) ●0173A (3 <sup>rd</sup> Dose) ▲0174A (Booster Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	<u>1<sup>st</sup> Dose: Refer to FDA/CDC Guidance</u>  <u>2<sup>nd</sup> Dose: Refer to FDA/CDC Guidance</u>  <u>3<sup>rd</sup> Dose: Refer to FDA/CDC Guidance</u>  <u>Booster All Dosing: Refer to FDA/CDC Guidance</u>
#●91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/ Spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-11	<u>1st Dose to 2nd Dose: 28 Days</u>  <u>2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days</u>  <u>All Dosing: Refer to FDA/CDC Guidance</u>
#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 80777-0273-10	<u>Refer to FDA/CDC Guidance</u>  <u>All Dosing: Refer to FDA/CDC Guidance</u>

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

#●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 Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	Booster-Additional Dose: 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	●0141A (1st Dose) ●0142A (2nd Dose) #▲0144A (Booster Additional Dose)	6 months years through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	1 <sup>st</sup> Dose to 2 <sup>nd</sup> Dose: Refer to FDA/CDC Guidance  2nd Dose to Additional Dose: Refer to FDA/CDC Guidance  Booster-All Dosing: 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  All Dosing: Refer to FDA/CDC Guidance
/#●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 (Additional Dose)	6 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-283-02 80777-0283-02	Booster-Additional Dose: 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  All Dosing: Refer to FDA/CDC Guidance
		#▲0094A (Booster Additional Dose)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	Booster-Refer to FDA/CDC Guidance  All Dosing: 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 <sup>10</sup> 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
#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
#91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 yrs of age and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		●0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 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 49281-0618-20	Booster: Refer to FDA/CDC Guidance

May 15, 2023

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 (0121A, 0151A, 0171A, 0172A) and Moderna (0141A, 0142A) Additional Doses

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 (*Pfizer and Moderna Additional Doses*)

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.

# ● 0121A 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; single dose

# ● 0151A 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; single dose

# ● 0171A 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; first dose

# ● 0172A            second dose

# ● 0141A 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; first dose

# ● 0142A            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 forty-one (41) existing COVID-19 IA CPT 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, 0174A). 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 or additional 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, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A): Removed the ultra cold freezer from medical equipment
- Pfizer tris-sucrose pediatric doses (0071A, 0072A, 0073A, 0081A, 0082A, 0083A, 0154A, 0171A, 0172A, 0173A, 0174A): 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, 0141A, 0142A, 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 0121A, 0141A, 0142A, 0151A, 0171A, 0172A:

Based on the RUC work precedent, we recommend the following for CPT codes 0121A, 0141A, 0142A, 0151A, 0171A, 0172A:

0.20 wRVU

7 minutes intra-service time

ACP-ACOG-AAFP-ANA-AAP Expert Panel Direct Practice Expense Input Recommendations for CPT Codes 0121A, 0141A, 0142A, 0151A, 0171A, 0172A:

Based on the RUC practice expense precedent, we recommend applying the following for CPT codes 0121A, 0141A, 0142A, 0151A, 0171A, 0172A:

CPT Code	Vaccine Manufacturer (Formulation) (Pt Age)	Dose	RUC Direct PE Crosswalk	Adjustments to RUC Direct PE Crosswalk
0121A	Pfizer (tri-sucrose) Bivalent (12+)	Single	0051A	
0151A	Pfizer (tri-sucrose) Bivalent (5yr-11yr)	Single	0071A	
0171A	Pfizer (tris-sucrose) Bivalent (6mo-4yr)	First	0081A	
0172A	Pfizer (tris-sucrose) Bivalent (6mo-4yr)	Second	0082A	
0141A	Moderna Bivalent (6mo-5yr)	First	0111A	
0142A	Moderna Bivalent (6mo-5yr)	Second	0112A	

Thank you for your consideration.

Sincerely,

**Bradley Fox, MD,**  
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:0121A      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, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose

**CLINICAL DESCRIPTION OF SERVICE:**

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

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

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

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

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

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

**Description of Pre-Service Work:**

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

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		09/2023			
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD, Jon Hathaway, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP, ACOG, ACP				
<b>CPT Code:</b>	0121A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b> Panel					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0121A	<b>Recommended Physician Work RVU: 0.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
0051A	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; first dose

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0121A	Top Key Reference CPT Code: 0051A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

Less      Identical      More

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

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
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**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0121A, we recommend a crosswalk to CPT code 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*, 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	Percentage
	0	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	Percentage
	0	0.00 %

Specialty	Frequency	Percentage
	0	0.00 %

Specialty	Frequency	Percentage
	0	0.00 %

Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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

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

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

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

CPT Code:0151A      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, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A parent or guardian of a 7-year-old child seeks a bivalent single 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 patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		09/2023			
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP				
<b>CPT Code:</b>	0151A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b> Panel					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0151A	<b>Recommended Physician Work RVU: 0.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		7.00		
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0151A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

Less      Identical      More

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

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
--------------------------	--	--	--

**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0151A, 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.

## 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 %
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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 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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

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

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



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

CPT Code:0171A      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, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks bivalent 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 patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2023				
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP, ACP				
<b>CPT Code:</b>	0171A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b>	Panel				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0171A	<b>Recommended Physician Work RVU: 0.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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, mRNA LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0171A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

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

Less      Identical      More

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
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**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0171A, 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.

## 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 %
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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 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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

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

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

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

CPT Code: 0172A      Tracking Number   CC4

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; second dose

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A parent or guardian of a 1-year-old child seeks bivalent 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 patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2023				
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP, ACP				
<b>CPT Code:</b>	0172A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b>	Panel				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0172A	<b>Recommended Physician Work RVU: 0.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
0082A	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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0172A	Top Key Reference CPT Code: 0082A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

Less      Identical      More

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

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
--------------------------	--	--	--

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

**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0172A, we recommend a crosswalk to CPT code 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*, 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 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

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

Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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

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

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

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

CPT Code:0141A      Tracking Number   CC5

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, 25 mcg/0.25 mL dosage; first dose

**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 patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		09/2023			
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP, ACP				
<b>CPT Code:</b>	0141A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b> Panel					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0141A	<b>Recommended Physician Work RVU: 0.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		0.00	0.00	0.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		7.00		
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		0.00	0.00	0.00



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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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

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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0141A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

Less      Identical      More

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

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
--------------------------	--	--	--

**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0141A, 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.*

## 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 %
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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 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States?

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

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

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

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

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

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

CPT Code: 0142A      Tracking Number   CC6

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, 25 mcg/0.25 mL dosage; second dose

**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 patient is counseled on the benefits and risks of vaccination to decrease the risk of COVID-19 and consent is obtained. The COVID-19 vaccine is administered by intramuscular injection in the upper arm. The patient is monitored for any adverse reaction. The patient's immunization record (and registry when applicable) are updated to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>		09/2023			
<b>Presenter(s):</b>	Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD				
<b>Specialty Society(ies):</b>	AAFP, ANA, AAP, ACP				
<b>CPT Code:</b>	0142A				
<b>Sample Size:</b>	0	<b>Resp N:</b>	0		
<b>Description of Sample:</b> Panel					
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>					
<b>Survey RVW:</b>					
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>			0.00		
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	0142A	<b>Recommended Physician Work RVU: 0.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,650,979

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

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

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

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

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



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

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

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

### TIME ESTIMATES (Median)

	CPT Code: 0142A	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>0.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

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

### Mental Effort and Judgment

Less      Identical      More

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

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### Technical Skill/Physical Effort

Less      Identical      More

Technical skill required			
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Physical effort required			
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**Psychological Stress****Less****Identical****More**

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

**2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity****Mental Effort and Judgment****Less****Identical****More**

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

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

Physical effort required

**Psychological Stress****Less****Identical****More**

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

**Additional Rationale and Comments**

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

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

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

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

For CPT code 0142A, 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 %
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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 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
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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	<b>ISSUE: COVID-19 Immunization Administration Moderna and Pfizer Additional Doses</b>																						
14	<b>TAB:</b>																						
15																							
16	Source	CPT	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD
									MIN	25th	MED	75th	MAX		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 route of administration, with			0.024	0.024			0.17			7					7				
19		96411	ZZZ	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List			0.033	0.029			0.20			7	3				4				
20		99188	XXX	Application of topical fluoride varnish by a physician or other qualified health care professional			0.022	0.022			0.20			9	2				5			2	
21		96365	XXX	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug): initial, up to 1			0.024	0.023			0.21			9	2				5			2	
22	December 2020 RUC	0001A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	1st Dose	0.029	0.029			0.20			7					7				
23	December 2020 RUC	0002A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	2nd Dose	0.029	0.029			0.20			7					7				
24	December 2020 RUC	0011A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	1st Dose	0.029	0.029			0.20			7					7				
25	December 2020 RUC	0012A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	2nd Dose	0.029	0.029			0.20			7					7				
26	January 2021 RUC	0021A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	AstraZeneca	1st Dose	0.029	0.029			0.20			7					7				
27	January 2021 RUC	0022A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	AstraZeneca	2nd Dose	0.029	0.029			0.20			7					7				
28	February 2021 RUC	0031A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Janssen	1st Dose	0.029	0.029			0.20			7					7				
29	April 2021 RUC	0041A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Novavax	1st Dose	0.029	0.029			0.20			7					7				
30	April 2021 RUC	0042A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Novavax	1st Dose	0.029	0.029			0.20			7					7				
31	August 2021 RUC	0003A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	3rd Dose	0.029	0.029			0.20			7					7				
32	August 2021 RUC	0013A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	3rd Dose	0.029	0.029			0.20			7					7				
33	October 2021 RUC	0004A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	Booster	0.029	0.029			0.20			7					7				
34	October 2021 RUC	0051A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	Pfizer Tris-Sucrose	2nd 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
36	October 2021 RUC	0053A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	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 acute respiratory syndrome	Moderna	Booster	0.029	0.029			0.20			7						7			
39	October 2021 RUC	0071A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	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 acute respiratory syndrome	Janssen	Booster	0.029	0.029			0.20			7						7			
42	Febuary 2022 RUC	0073A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	Pfizer Tris-Sucrose	6mo-4yr 1st Dose	0.029	0.029			0.20			7						7			
44	Febuary 2022 RUC	0082A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	Moderna	18yrs+ Additional Dose	0.029	0.029			0.20			7						7			
46	May 2022 RUC	0074A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 acute respiratory syndrome	Sanofi-GSK	Booster	0.029	0.029			0.20			7						7			
48	May 2022 RUC	0111A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 syndrome	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 acute respiratory syndrome	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 acute respiratory syndrome	Moderna	6-11yrs 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	6-11yrs 2nd Dose	0.029	0.029			0.20			7						7			
53	July 2022 RUC	0093A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	6-11yrs 3rd Dose	0.029	0.029			0.20			7						7			
54	July 2022 RUC	0113A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	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 Additional	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
56	Sept 2022 RUC	0134A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	12 yrs + Bivalent Additional	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 mo-11 yr Bivalent Additional	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 Additional	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 Additional	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			
62	March 2023 RUC	0174A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	6mo-4yr Bivalent Additional	0.029	0.029	0.20					7						7			
63	May 2023 RUC	0121A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	12yrs+ Bivalent, single	0.029	0.029	0.20					7						7			
64	May 2023 RUC	0141A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	6mo-11yrs, Bivalent, 1st dose	0.029	0.029	0.20					7						7			
65	May 2023 RUC	0142A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Moderna	6mo-11yrs, Bivalent, 2nd dose	0.029	0.029	0.20					7						7			
66	May 2023 RUC	0151A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	5yr-11yr, Bivalent, single	0.029	0.029	0.20					7						7			
67	May 2023 RUC	0171A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	6mo-4yrs, Bivalent, 1st dose	0.029	0.029	0.20					7						7			
68	May 2023 RUC	0172A	XXX	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Pfizer	6mo-4yrs, Bivalent, 2nd dose	0.029	0.029	0.20					7						7			

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0121A, 0141A, 0142A, 0151A, 0171A, 0172A**  
**SPECIALTY SOCIETY(IES): AAFP, AAP, ANA, ACOG, ACP**  
**PRESENTER(S): Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD, Jon Hathaway**

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

<b>Meeting Date: September 2023</b>
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<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
0121A	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; single dose [Pfizer 12yrs+]	XXX
0141A	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; first dose [Moderna, 6mo-11yr]	XXX
0142A	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; second dose [Moderna, 6mo-11yr]	XXX
0151A	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; single dose [Pfizer, 5-11yr]	XXX
0171A	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; first dose [Pfizer, 6mo-4yr]	XXX
0172A	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; second dose [Pfizer, 6mo-4yr]	XXX

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

<b>CPT Code</b>	<b>Vignette</b>
0121A	A 33-year-old individual seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The individual is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.
0141A	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.
0142A	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.



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0121A, 0141A, 0142A, 0151A, 0171A, 0172A**  
**SPECIALTY SOCIETY(IES): AAFP, AAP, ANA, ACOG, ACP**  
**PRESENTER(S): Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD, Jon Hathaway**

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

	The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.
0151A	A parent or guardian of a 7-year-old child seeks a bivalent first 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.
0171A	A parent or guardian of a 1-year-old child seeks bivalent 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.
0172A	A parent or guardian of a 1-year-old child seeks bivalent 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](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your reference codes*):

**CPT code 0121A:** We are utilizing CPT code 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) as our crosswalk code.

**CPT code 0141A:** 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.

**CPT code 0142A:** 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.

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S): 0121A,  
0141A, 0142A, 0151A, 0171A, 0172A  
SPECIALTY SOCIETY(IES): AAFP, AAP, ANA,  
ACOG, ACP**

**PRESENTER(S): Bradley Fox, MD; Korinne Van Keuren, DNP,  
MS, RN; Suzanne Berman, MD; Steven Krug, MD,  
Charles Hamori, MD, Jon Hathaway**

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

**CPT code 0151A:** 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 0171A:** 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 0172A:** We are utilizing CPT code 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) 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:

**CA033**

**For CPT codes 0142A, 0172A:** 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 codes 0121A, 0141A, 0151A, 0171A:** 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).

## NONFACILITY DIRECT PE INPUTS

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

#### 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

**For CPT codes 0151A, 0171A, 0172A:** 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.

## 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:

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 0121A, 0141A, 0151A and 0171A, first/single doses of the COVID-19 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 0142A and 0172A: Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as required by state and federal regulations (4 minutes to CA033) (total of 5 minutes to CA033)
- For CPT codes 0121A, 0141A, 0151A, 0171A: Manually complete patient's vaccine card (1 minute to CA033) plus enter additional data into immunization information system (IIS) as

**NONFACILITY DIRECT PE INPUTS**

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 medical grade vaccine refrigerator

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.

**NONFACILITY DIRECT PE INPUTS**

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

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

**NONFACILITY DIRECT PE INPUTS**

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 Latitude D600), ED038?

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

N/A

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)

Refrigerator, vaccine medical grade, w-data logger sngl glass door (NEW) (\$7,674.43)



**NONFACILITY DIRECT PE INPUTS**

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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](mailto: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 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	Sept 2020  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	
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFF, ANA, AAP, ACP, ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute								
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				\$ 9.50	\$ 0.46	\$ 7.30	\$ -	\$ 18.24	\$ -	\$ 16.55	\$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	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	0.455	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	0.455	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	0.455	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				\$ 8.19	\$ 0.46	\$ 5.01	\$ -	\$ 15.82	\$ -	\$ 14.29	\$ -
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	0.455					1		1	
17	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.455								
18	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455								
19	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455								
20	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455			3		2		0	
21	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455								
22	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455								
23	CA008	Perform regulatory mandated quality assurance activity (pre- procedure)	L037D	RN/LPN/MTA	0.455					1		1	
24	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.455	1							
25		Other activity: please include short clinical description here and type new in column A	L037D	RN/LPN/MTA	0.455								
26		End: When patient enters office/facility for surgery/procedure											
27		SERVICE PERIOD											
28		Start: When patient enters office/facility for surgery/procedure:											
29		Pre-Service (of service period)											
30	CA009	Obtain patient history, review chart, ensure appropriate medical history	L037D	RN/LPN/MTA	0.455					3		3	
31	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455			1		0		0	
32	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455	3				3		3	
33	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455					1		1	
34	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455			2		2		2	
35	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455								
36	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.455								
37	CA016	Prepare, setup and start IV, monitor positioning and monitoring of vital signs	L037D	RN/LPN/MTA	0.455								
38	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455								
39		Intra-service (of service period)											
40	CA018	Assist physician or other qualified health care professional-- assist physician or other qualified health care professional--	L037D	RN/LPN/MTA	0.455								
41	CA019	Assist physician or other qualified health care professional-- assist physician or other qualified health care professional--	L037D	RN/LPN/MTA	0.455								
42	CA020	Assist physician or other qualified health care professional-- assist physician or other qualified health care professional--	L037D	RN/LPN/MTA	0.455								
43	CA021	Perform procedure/service--not directly related to physician procedure	L037D	RN/LPN/MTA	0.455	4				4		4	
44	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.455	1							
45		Post-Service (of service period)											
46	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.455					4		4	
47	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.455								
48	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	1		5		3		3	
49	CA025	Clean scope	L037D	RN/LPN/MTA	0.455								
50	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455								
51	CA027	Complete post-procedure usage forms, lab and x-ray	L037D	RN/LPN/MTA	0.455								
52	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.455								
53	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455								
54	CA030	Technologist x-ray images in PACS; checking for all images, confirming correct patient and procedure	L037D	RN/LPN/MTA	0.455								
55	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455								
56	CA032	Scan exam documents into PACS; complete exam in PACS	L037D	RN/LPN/MTA	0.455								
57	CA033	Perform regulatory mandated quality assurance activity (service period)	L026A		0.31					7		5	
58	CA034	Document procedure (non-AAC) (e.g. mandated reporting, patient safety, etc.)	L037D	RN/LPN/MTA	0.455					3		3	
59	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455								
60	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	n/a		n/a		n/a		n/a	
61		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	0.455	3							
62	OLD												
63		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	0.455	4							
64		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.455								
65		POST-SERVICE PERIOD											
66		Start: Patient leaves office/facility											
67	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.455	1	1			3	0	3	0
68	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455								
69		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
70		99211 16 minutes	16										
71		99212 27 minutes	27										
72		99213 36 minutes	36										
73		99214 53 minutes	53										
74		99215 63 minutes	63										
75	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
76		Other activity: please include short clinical description here	L037D	RN/LPN/MTA	0.455								
77		End: with last office visit before end of global period	L037D	RN/LPN/MTA	0.455								

















	A	B	AS	AT	AU	AV	AW	AX	AY	AZ
1	RUC Practice Expense Spreadsheet									
2										
3		RUC Collaboration Website								
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFF, 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 <sup>10</sup> viral particles/0.5mL 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; 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	\$ 17.92	\$ -	\$ 16.30	\$ -	\$ 16.78	\$ -	\$ 17.25	\$ -
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	\$ 16.28	\$ -	\$ 14.75	\$ -	\$ 15.20	\$ -	\$ 15.66	\$ -
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	
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	
24	OLD	Prepare patient chart with appropriate CDC VIS								
25		Other activity: please include short clinical description here and type new in column A								
26		End: When patient enters office/facility for surgery/procedure								
27		SERVICE PERIOD								
28		Start: When patient enters office/facility for surgery/procedure:								
29		Pre-Service (of service period)								
30	CA009	Onset patient, provide gowning, ensure appropriate medical	3		3		3		3	
31	CA010	Obtain vital signs	0		0		0		0	
32	CA011	Provide education/obtain consent	3		3		3		3	
33	CA012	Review requisition, assess for special needs	1		1		1		1	
34	CA013	Prepare room, equipment and supplies	3		3		2		3	
35	CA014	Confirm order, protocol exam								
36	CA015	Setup scope (nonfacility setting only)								
37	CA016	Prepare, setup and start IV, monitor positioning and monitoring of								
38	CA017	Sedate/apply anesthesia								
39		Intra-service (of service period)								
40	CA018	Assist physician or other qualified healthcare professional--								
41	CA019	Assist physician or other qualified healthcare professional--								
42	CA020	Assist physician or other qualified healthcare professional--								
43	CA021	Perform procedure/service--not directly related to physician	4		4		4		4	
44	OLD	Provide patient/parent with appropriate CDC VIS								
45		Post-Service (of service period)								
46	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4	
47	CA023	Monitor patient following procedure/service, no multitasking								
48	CA024	Clean room/equipment by clinical staff	3		3		3		3	
49	CA025	Clean scope								
50	CA026	Clean surgical instrument package								
51	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
52	CA028	Review/read post-procedure x-ray, lab and pathology reports								
53	CA029	Check dressings, catheters, wounds								
54	CA030	Technologist takes images in PACS; checking for all images,								
55	CA031	Review examination with interpreting MD/DO								
56	CA032	Scan exam documents into PACS; Complete exam in PACS								
57	CA033	Perform regulatory mandated quality assurance activity (service	7		5		5		5	
58	CA034	Document procedure (non-AACO) (e.g. mandated reporting,	3		3		3		3	
59	CA035	Review home care instructions, coordinate visits/prescriptions								
60	CA036	Discharge day management	n/a		n/a		n/a		n/a	
61		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.								
62	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.								
63		End: Patient leaves office/facility								
64		POST-SERVICE PERIOD								
65		Start: Patient leaves office/facility								
66	CA037	Conduct patient communications	3	0	3	0	3	0	3	0
67	CA038	Coordinate post-procedure services								
68		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
69		99211 16 minutes								
70		99212 27 minutes								
71		99213 36 minutes								
72		99214 53 minutes								
73		99215 63 minutes								
74	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75		Other activity: please include short clinical description here								
76		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												
3		RUC Collaboration Website										
	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFF, 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	
4												
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	\$ 17.92	\$ -	\$ 16.30	\$ -	\$ 16.78	\$ -	\$ 17.25	\$ -	\$ 16.78	\$ -
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	\$ 16.28	\$ -	\$ 14.75	\$ -	\$ 15.20	\$ -	\$ 15.66	\$ -	\$ 15.20	\$ -
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 attire	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--										
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	Remove patient's images from PACS, checking for all images, remove from PACS										
67	CA031	Review examination with interpreting MD/DO										
68	CA032	Enter exam documents into PACS; Complete exam in PACS										
69	CA033	Perform regulatory mandated quality assurance activity (service)	7		5		5		5		5	
70	CA034	Complete procedure (non FAC) (e.g., mandated reporting, completion of FFS)	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.										
	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
76												
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										









[illegible]





[illegible]



[illegible]



## 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A), 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A 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) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine /Comirnaty	59267-1000-1 59267-1000-01	All Dosing: 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) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine/Comirnaty	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	All Dosing: 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	0121A (1st Dose) 0124A (Additional Dose)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0304-1 59267-0304-01 59267-1404-1 59267-1404-01	All Dosing: Refer to FDA/CDC Guidance
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	All Dosing: 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
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	0151A (1st Dose) 0154A (Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	All Dosing: 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) 0082A (2nd Dose) 0083A (3rd Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	All Dosing: 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	0171A (1st Dose) 0172A (2nd Dose) 0173A (3rd Dose) 0174A (Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	All Dosing: 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) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-1	All Dosing: Refer to FDA/CDC Guidance
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 80777-0273-10	All Dosing: 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 (Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	Additional 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
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	0141A (1st Dose) 0142A (2nd Dose) 0144A (Additional Dose)	6 months through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	All Dosing: 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 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine	80777-279-05 80777-0279-05	All Dosing: Refer to FDA/CDC Guidance
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 (Additional Dose)	6 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-283-02 80777-0283-02	Additional 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
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	All Dosing: Refer to FDA/CDC Guidance
		0094A (Booster)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: 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, $5 \times 10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 years and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5 \times 10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 years and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	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
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 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 49281-0618-20	Booster: Refer to FDA/CDC Guidance

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

September 2023

### **SARS-CoV-2-Immunization Administration – Tab 18**

On August 14, 2023, new CPT codes were created to consolidate over 50 previously implemented codes and streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine products.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in “A” for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective November 1, 2023.

In August 2023, the specialty societies conducted an expedited survey to value the consolidated single COVID-19 immunization administration code, CPT code 90480. The RUC reviewed the specialty societies’ recommendation at the September 2023 RUC meeting.

#### ***90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose***

The RUC reviewed the survey results from 171 pediatricians and obstetricians/gynecologists and determined that the survey median work RVU of 0.25 appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes of intra-service/total time. The RUC noted that this service is typically performed on the same day as an Evaluation and Management (E/M) office visit and the recommended work and time is not duplicative from that which is included in the E/M visit.

The RUC compared the surveyed code with the top key reference service 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* (work RVU = 0.24 and 7 minutes intra-service/total time). The RUC noted that 70% of the respondents who chose CPT code 90460 as the key reference service indicated the surveyed code is overall slightly more intense and complex to perform. This is supported by the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Analysis from the [CDC’s State of Vaccine Confidence Insights Report](#), [KFF COVID-19 Vaccine Monitor](#), [American Academy of Family Physicians](#), [American College Health Association](#), [American Academy of Pediatrics](#), and [Journal of Community](#) have shown that the

COVID-19 pandemic has had a profound effect on vaccine confidence, with a significant overall increase in vaccine hesitancy. Notably, COVID-19 vaccines have experienced the highest level of hesitancy compared to other vaccines. Therefore, the RUC determined that the physician or QHP work is slightly more for code 90480 compared to 90460.

The RUC compared the surveyed code to the second top key reference service 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intra-service/total time). The RUC noted that while both services require the same amount of time, offering CPT code 90471 (such as for seasonal influenza), which entails less physician work and is less intense/complex. CPT code 90741 is valued appropriately lower, as there is slightly less patient education and discussion about vaccination hesitancy when compared to the COVID related patient education and vaccine protection that is required for CPT code 90480.

For additional support, the RUC referenced MPC codes 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service/total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time), which places the surveyed code in the proper rank order based on the intensity, complexity, and time required to perform this service. **The RUC recommends a work RVU of 0.25 for CPT code 90480.**

### **Practice Expense**

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. The specialty societies recommended identical inputs as recently reviewed and approved for immunization administration code 90460. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

### **New Technology/New Services**

The RUC recommends that CPT code 90480 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
<b>Category I</b> <b>Evaluation and Management</b> <b>Preventive Medicine Services</b> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, <del>90480-0001A, 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A.</del> For vaccine/toxoid products, see 90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, 91300-91317.</u></p> <b>Medicine</b> <b>Immunization Administration for Vaccines/Toxoids</b> <p>Report vaccine immunization administration codes (90460, 90461, 90471-90474, <del>90480-0001A, 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A</del>) in addition to the vaccine and toxoid code(s) (90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, 91300-91317.</u>).</p> <p><i>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 <b>Instructions for Use of the CPT Codebook</b> for definition of reporting qualifications.)</i></p> <p>Report <del>90480-0001A, 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A</del> for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. <u>This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations. 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</u></p>				

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>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.</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><u>For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.</u></p> <p><i>(For allergy testing, see 95004 et seq)</i></p> <p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p> <p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p> <p>▲90460      <i>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</i></p> <p>▲+90461      <i>each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)</i></p> <p><i>(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)</i></p> <p><i>(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322 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)</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲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 91318, 91319, 91320, 91321, 91322-91300-91317, 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)  (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 91318, 91319, 91320, 91321, 91322-91300-91317, 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)		
<del>D0001A</del>		<del>Immunization administration 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</del>		
<del>D0002A</del>		<del>second dose</del>		
<del>D0003A</del>		<del>third dose</del>		
<del>D0004A</del>		<del>booster dose</del>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<i>(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)</i>				
<i>(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)</i>				
<del>D0051A</del>		<del>Immunization administration 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</del>		
<del>D0052A</del>		<del>second dose</del>		
<del>D0053A</del>		<del>third dose</del>		
<del>D0054A</del>		<del>booster dose</del>		
<i>(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)</i>				
<i>(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315, 91317)</i>				
<del>D0121A</del>		<del>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; single dose</del>		
<del>D0124A</del>		<del>additional dose</del>		
<i>(Report 0121A, 0124A for the administration of vaccine 91312)</i>				
<i>(Do not report 0121A, 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)</i>				
<del>D0071A</del>		<del>Immunization administration 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</del>		
<del>D0072A</del>		<del>second dose</del>		
<del>D0073A</del>		<del>third dose</del>		
<del>D0074A</del>		<del>booster dose</del>		
<i>(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)</i>				
<i>(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315, 91317)</i>				
<del>D0151A</del>		<del>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)</del>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<del>D0154A</del>		<del>(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose</del> <del>additional dose</del> <del>(Report 0151A, 0154A for the administration of vaccine 91315)</del> <del>(Do not report 0151A, 0154A in conjunction with 91300, 91305, 91307, 91308, 91312, 91317)</del>		
<del>D0081A</del>		<del>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</del>		
<del>D0082A</del>		<del>second dose</del>		
<del>D0083A</del>		<del>third dose</del> <del>(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)</del> <del>(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)</del>		
<del>D0171A</del>		<del>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose</del>		
<del>D0172A</del>		<del>second dose</del>		
<del>D0173A</del>		<del>third dose</del>		
<del>D0174A</del>		<del>additional dose</del> <del>(Report 0171A, 0172A, 0173A, 0174A for the administration of vaccine 91317)</del> <del>(Use 0174A in conjunction with 91317 when used as a additional dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A])</del> <del>(Do not report 0171A, 0172A, 0173A, 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)</del>		
<del>D0011A</del>		<del>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, 100 mcg/0.5 mL dosage; first dose</del>		
<del>D0012A</del>		<del>second dose</del>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<del>D0013A</del>		<del>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)</del>		
<del>D0064A</del>		<del>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, 91316)</del>		
<del>D0134A</del>		<del>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, additional dose (Report 0134A for the administration of vaccine 91313) (Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)</del>		
<del>D0141A</del>		<del>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, first dose</del>		
<del>DX142A</del>		<del>second dose</del>		
<del>D0144A</del>		<del>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, additional dose (Report 0141A, 0142A, 0144A for the administration of vaccine 91314) (Do not report 0141A, 0142A, 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)</del>		
<del>D0091A</del>		<del>Immunization administration 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</del>		
<del>D0092A</del>		<del>second dose, when administered to individuals 6 through 11 years</del>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<del>D0093A</del>		<del>third dose, when administered to individuals 6 through 11 years</del>		
<del>D0094A</del>		<del>additional dose, when administered to individuals 18 years and over</del>		
		<del>(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)</del>		
		<del>(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)</del>		
<del>D0021A</del>		<del>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, <math>5 \times 10^{10}</math> viral particles/0.5 mL dosage; first dose</del>		
<del>D0022A</del>		<del>second dose</del>		
		<del>(Report 0021A, 0022A for the administration of vaccine 91302)</del>		
<del>D0031A</del>		<del>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, <math>5 \times 10^{10}</math> viral particles/0.5 mL dosage; single dose</del>		
<del>D0034A</del>		<del>booster dose</del>		
		<del>(Report 0031A, 0034A for the administration of vaccine 91303)</del>		
<del>D0041A</del>		<del>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</del>		
<del>D0042A</del>		<del>second dose</del>		
<del>D0044A</del>		<del>booster dose</del>		
		<del>(Report 0041A, 0042A, 0044A for the administration of vaccine 91304)</del>		
<del>D0104A</del>		<del>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</del>		
		<del>(Report 0104A for the administration of vaccine 91310)</del>		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<del>D0111A</del>		<del>Immunization administration 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</del>		
<del>D0112A</del>		<del>second dose</del>		
<del>D0113A</del>		<del>third dose</del>		
		(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)		
		(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)		
<del>D0164A</del>		<del>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, additional dose</del>		
		(Report 0164A for the administration of vaccine 91316)		
		(Do not report 0164A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314)		
		<u>(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		
		<u>(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><u>(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p>				
● 90480	DD1	<p>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose</p> <p>(Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)</p> <p>(Do not report 90480 in conjunction with 90476-90759)</p>	XXX	0.25
<p><b>Vaccines, Toxoids</b></p> <p><i>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).</i></p> <p><i>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 (<a href="http://www.ama-assn.org/go/cpt-vaccine">www.ama-assn.org/go/cpt-vaccine</a>) for the most up-to-date information on codes with the ✎ symbol.</i></p> <p>Codes 90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, <del>91300-91317</del></u>, identify the vaccine product <b>only</b>. 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 <u>91304, 91318, 91319, 91320, 91321, 91322</u> (<del>91300-91317</del>) should be reported with the corresponding immunization administration code (<del>904800001A, 0002A, 0003A, 0004A, 0011A, 0012A,</del></p>				

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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A). 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 ~~904800001A, 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~ 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, 91304, 91318, 91319, 91320, 91321, 91322~~91300-91317~~, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, ~~904800001A, 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~.

*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, 91304, 91318, 91319, 91320, 91321, 91322~~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](http://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 in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A 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 and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

**~~D91300~~** — ~~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, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)~~

**~~D91305~~** — ~~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, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)~~

**~~D91312~~** — ~~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~~

~~(Report 91312 with administration code 0121A, 0124A)~~

~~(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)~~

**~~D91307~~** — ~~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, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)~~

<del>D91315</del>	<del>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</del> <del>(Report 91315 with administration code 0151A, 0154A)</del> <del>(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0171A, 0172A, 0173A, 0174A)</del>
<del>D91308</del>	<del>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</del> <del>(Report 91308 with administration codes 0081A, 0082A, 0083A)</del> <del>(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)</del>
<del>D91317</del>	<del>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</del> <del>(Report 91317 with administration codes 0171A, 0172A, 0173A, 0174A)</del> <del>(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)</del> <del>(Use 91317 as the additional dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)</del> <del>(Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A)</del>
<del>D91301</del>	<del>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</del> <del>(Report 91301 with administration codes 0011A, 0012A, 0013A)</del> <del>(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)</del>
<del>D91306</del>	<del>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</del> <del>(Report 91306 with administration code 0064A)</del> <del>(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)</del>



<del>D91313</del>	<p><del>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 meg/0.5 mL dosage, for intramuscular use</del></p> <p><del>(Report 91313 with administration code 0134A)</del></p> <p><del>(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0141A, 0142A, 0144A, 0164A)</del></p>
<del>D91314</del>	<p><del>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 meg/0.25 mL dosage, for intramuscular use</del></p> <p><del>(Report 91314 with administration code 0141A, 0142A, 0144A)</del></p> <p><del>(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)</del></p>
<del>D91311</del>	<p><del>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 meg/0.25 mL dosage, for intramuscular use</del></p> <p><del>(Report 91311 with administration codes 0111A, 0112A, 0113A)</del></p> <p><del>(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0141A, 0142A, 0144A, 0164A)</del></p>
<del>D91316</del>	<p><del>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 meg/0.2 mL dosage, for intramuscular use</del></p> <p><del>(Report 91316 with administration code 0164A)</del></p> <p><del>(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A)</del></p>
<del>D91309</del>	<p><del>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 meg/0.5 mL dosage, for intramuscular use</del></p> <p><del>(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)</del></p> <p><del>(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)</del></p>
<del>D91302</del>	<p><del>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, <math>5 \times 10^{10}</math> viral particles/0.5 mL dosage, for intramuscular use</del></p> <p><del>(Report 91302 with administration codes 0021A, 0022A)</del></p>

~~D91303~~ ~~Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5 mL dosage, for intramuscular use (Report 91303 with administration code 0031A, 0034A)~~

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

	<u>(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)</u>
	<u>(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)</u>
	<u>(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)</u>
<b>▲91304</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, <del>preservative free</del> , 5 mcg/0.5 mL dosage, for intramuscular use (Report 91304 with administration codes <u>904800041A, 0042A, 0044A</u> ) <u>(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)</u>
<del><b>D91310</b></del>	<del>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 01044)</del>
<b>#●91318</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (Report 91318 with administration code 90480)
<b>#●91319</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (Report 91319 with administration code 90480)
<b>#●91320</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (Report 91320 with administration code 90480)
<b>#●91321</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use (Report 91321 with administration code 90480)
<b>#●91322</b>	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

(Report 91322 with administration code 90480)

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, ~~90480~~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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A)

## **Appendix Q**

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

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.

*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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A), 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, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A 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) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine-/Comirnaty	59267-1000-1 59267-1000-01	All Dosing: Refer to FDA/CDC Guidance
#91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	All Dosing: Refer to FDA/CDC Guidance
<del>#91312</del> 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	0121A (Single Dose) 0124A (Additional Dose)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0304-1 59267-0304-01  59267-1404-1 59267-1404-01	All Dosing: Refer to FDA/CDC Guidance
#91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 yrs through 11 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	All Dosing: 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	0151A (1st Dose) 0154A (Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	All Dosing: 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) 0082A (2nd Dose) 0083A (3rd Dose)	6 mo through 4 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	All Dosing: 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	0171A (1st Dose) 0172A (2nd Dose) 0173A (3rd Dose) 0174A (Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	All Dosing: 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) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/ Spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-11	All Dosing: Refer to FDA/CDC Guidance
#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 80777-0273-10	All Dosing: 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 (Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	Additional Dose: 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	0141A (1st Dose) 0142A (2nd Dose) 0144A (Additional Dose)	6 months through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	All Dosing: 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	All Dosing: Refer to FDA/CDC Guidance
✕#●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 (Additional Dose)	6 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-283-02 80777-0283-02	Additional Dose: 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	All Dosing: Refer to FDA/CDC Guidance
		0094A (Additional Dose)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: 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 <sup>10</sup> 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

#91303—Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
#91304—Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 yrs of age and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
	0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 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 49281-0618-20	Booster: Refer to FDA/CDC Guidance



## SARS-CoV-2-Immunization Administration – Coding Changes (Clean Copy)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><b>Category I</b>  <b>Evaluation and Management</b>  <b>Preventive Medicine Services</b></p> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, <u>90480</u>. For vaccine/toxoid products, see 90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322</u>.</p> <p><b>Medicine</b>  <b>Immunization Administration for Vaccines/Toxoids</b></p> <p>Report vaccine immunization administration codes (90460, 90461, 90471-90474, <u>90480</u>) in addition to the vaccine and toxoid code(s) (90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322</u>).</p> <p><i>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 <b>Instructions for Use of the CPT Codebook</b> for definition of reporting qualifications.)</i></p> <p>Report <u>90480</u> for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. <u>This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations.</u></p> <p><i>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.</i></p> <p><i>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.</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><u>For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.</u></p> <p><i>(For allergy testing, see 95004 et seq)</i></p> <p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p> <p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p>				
▲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 91304, 91318, 91319, 91320, 91321, 91322 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 91318, 91319, 91320, 91321, 91322 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 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)		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲ +90474		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90474 in conjunction with 90460, 90471, 90473)</i></p> <p>(Do not report 90473, 90474 in conjunction with 91318, 91319, 91320, 91321, 91322 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)</p> <p><u>(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p>		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 90480	DD1	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose  (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)  (Do not report 90480 in conjunction with 90476-90759)	XXX	0.25

### 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](http://www.ama-assn.org/go/cpt-vaccine)) for the most up-to-date information on codes with the ✎ symbol.*

Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 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 91304, 91318, 91319, 91320, 91321, 91322 should be reported with the corresponding immunization administration code (90480).

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration code 90480 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, 91304, 91318, 91319, 91320, 91321, 91322 when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 90480.

*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, 91304, 91318, 91319, 91320, 91321, 91322 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](http://www.ama-assn.org/go/cpt-vaccine)). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

▲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 code ~~904800041A, 0042A, 0044A~~)

(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

#●91318 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use  
(Report 91318 with administration code 90480)

#●91319 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use  
(Report 91319 with administration code 90480)

- #/● 91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use  
(Report 91320 with administration code 90480)
- #/● 91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use  
(Report 91321 with administration code 90480)
- #/● 91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use  
(Report 91322 with administration code 90480)

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, 90480)

**Appendix Q**

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

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.



September 25, 2023

Ezequiel Silva III, MD  
Chair, AMA/Specialty Society RVS Update Committee  
Relative Value Systems, American Medical Association  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611

Dear Dr. Silva:

On behalf of the American Academy of Family Physicians (AAFP) and its 129,600 members, we write to comment on the recommendations in Tab 18 (SARS-CoV-2-Immunization Administration – Revised Code Set) of the September 2023 RUC agenda. Although the AAFP did not participate in the survey for this tab, many family physicians provide this service as part of their practices. These comments are based on our review of the recommendations.

Upon review, we support the specialties' recommendation of 0.25 work relative value units (RVUs) for new code 90480. As noted in the corresponding summary of recommendation (SOR) form, this value is supported by a time and intensity comparison with the key reference service, 90460, and fits nicely with the established work RVUs for other codes with similar time, which are also noted in the SOR.

We likewise support the recommended direct practice expense inputs for code 90480. We note they are the same inputs currently assigned to code 90460, which the RUC recently reviewed in 2021.

Thank you for the opportunity to comment on this tab. Please let us know if you have any questions about these comments.

Sincerely,

/s/

Brad Fox, MD  
AAFP RUC Advisor

/s/

Amber Isley, MD  
AAFP Alternate RUC Advisor



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

CPT Code: 90480      Tracking Number   DD1

Original Specialty Recommended RVU: **0.25**Presented Recommended RVU: **0.25**Global Period: XXX      Current Work RVU: **N/A**RUC Recommended RVU: **0.25**

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she 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: 82%

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

Percent of survey respondents who stated they typically 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 QHP reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. Counsel the patient, parent or guardian on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent. Administer the dose of the COVID-19 vaccine by intramuscular injection. Monitor the patient for any adverse reaction. Update the patient's immunization record (and registry when applicable) to reflect the vaccine administered.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2023				
<b>Presenter(s):</b>	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Jon Hathaway, MD (ACOG); Eilaen Attwood, MD (ACOG)				
<b>Specialty Society(ies):</b>	American Academy of Pediatrics, American College of Obstetricians and Gynecologists				
<b>CPT Code:</b>	90480				
<b>Sample Size:</b>	24500	<b>Resp N:</b>	171		
<b>Description of Sample:</b>	Random (ACOG); Random Sample of Applicable Subsets (AAP)				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	20.00	100.00	3600.00
<b>Survey RVW:</b>	0.10	0.22	0.25	0.35	5.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	5.00	7.00	10.00	25.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

**Specialty Society Recommended Data**

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

XXX Global Code

<b>CPT Code:</b>	90480	<b>Recommended Physician Work RVU: 0.25</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

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

**Modifier -51 Exempt Status**

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

**New Technology/Service:**

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

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90460	XXX	0.24	RUC Time

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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90471	XXX	0.17	RUC Time

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

**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	319,663
<u>CPT Descriptor 1</u> Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	10,672

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**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: 86      % of respondents: 50.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 47      % of respondents: 27.4 %

### TIME ESTIMATES (Median)

	CPT Code: <u>90480</u>	Top Key Reference CPT Code: <u>90460</u>	2nd Key Reference CPT Code: <u>90471</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	7.00	7.00	7.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>7.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

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

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	2%	1%	27%	62%	8%

### Mental Effort and Judgment

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

<u>Less</u>	<u>Identical</u>	<u>More</u>
3%	35%	62%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	75%	16%
Physical effort required	6%	78%	16%

**Psychological Stress****Less****Identical****More**

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

3%

27%

70%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

2%

13%

25%

55%

4%

**Mental Effort and Judgment****Less****Identical****More**

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

8%

34%

58%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

11%

83%

6%

Physical effort required

19%

68%

13%

**Psychological Stress****Less****Identical****More**

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

13%

32%

55%

**Additional Rationale and Comments**

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

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

**Background**

In response to the needs of the public health emergency (PHE), in 2020 through 2023 the CPT Editorial Panel approved over 50 new CPT codes for the new vaccine products developed for protection against the novel coronavirus (SARS-CoV-2, also known as COVID-19) and their associated administration. These codes were developed based on extensive collaboration with CMS and the CDC to support tracking, reporting and analysis for data-driven planning and allocation to meet the needs of the new pandemic and are unique to each corresponding vaccine, dose and patient age range.

Due to the existing pandemic and public health need for rapid deployment of COVID-19 vaccines, the RUC convened special meetings to expedite approval of recommendations for work relative values and direct practice expense inputs for the 47 codes that described immunization administration (IA) by intramuscular injection of COVID-19 vaccines. The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Academy of Pediatrics (AAP), and American Nurses Association (ANA) received approval by the Research Subcommittee to develop work RVU and intra-service time recommendations using a crosswalk methodology. For the initial four IA codes, the RUC approved a work RVU and intra-service time based on a crosswalk to the 2009 RUC recommendations for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered) as proposed by the societies. RUC recommendations for all subsequent COVID-19 IA codes were based on either a similar crosswalk to 90460 or a crosswalk to previously approved values for COVID-19 IA codes. This work 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. Similar to the COVID-19 IA codes, 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 and has since been retired.

Beginning August 14, 2023, new CPT codes were created to consolidate over 50 previous codes and greatly streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine product.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in "A" for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective Nov. 1, 2023.

### **Survey Process**

In August 2023, ACOG and AAP conducted an expedited survey to value the consolidated single COVID-19 IA code, CPT code 90480, with a total of 171 survey respondents. ACOG used a random sample of their members; AAP used a random sample of applicable subsets of their members. AAP pulled a random sample of US membership from the following practice sections, excluding RUC members, alternate RUC members, students, post-graduate trainees and retirees: Administration and Practice Management, Community Pediatrics, Children with Disabilities, Early Career Physicians, Early Childhood, Immigrant Child and Family Health, and Adolescent Health. AAP determined that these members would most likely be familiar with or have experience administering COVID-19 vaccines. AAP pulled an equal size random sample from each subsection based on expert opinion of the estimated demographics of the providers performing the service.

The societies established an expert panel to review the survey results. The vignette of the typical patient used for the survey was provided by the CPT Editorial Panel. 82% of respondents found the vignette to be typical.

The following recommendations represent the first time standard RUC survey methodology is being used to develop proposed work RVU and intra-service time values for this service.

The RUC reviewed all non-COVID related immunization CPT codes, including 90460, at the April 2021 RUC meeting.

### Recommendations

Based on the review of the survey data, the specialties recommend the survey median of 0.25 work RVUs and the survey median of 7 minutes intra-service time, which also serves as the total time. The survey yielded a strong response rate by individuals experienced with the service and indicated tight alignment in their RVU valuations. The median RVUs of 0.25 is supported by the intensity/complexity measures, where 70% of survey respondents indicated the service overall was more intense/complex than the top key reference service code, 90460, *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid*, which has an RVW of 0.24. The IWPOT of 0.036 supports the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Surveys on the impact of the COVID-19 pandemic on vaccine confidence indicate vaccine hesitancy overall has increased, and the COVID-19 vaccines may have the greatest hesitancy ([CDC's State of Vaccine Confidence Insights Report](#), [KFF COVID-19 Vaccine Monitor](#), [American Academy of Family Physicians](#), [American College Health Association](#), [Pediatrics](#), [Journal of Community](#)).

The recommended time is supported by the primary key reference service, 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*, which has an intra-service time of 7 minutes. It is also supported by MPC code 99406, *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*, which also has an intra-service time of 7 minutes.

There are multiple other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
88311	Decalcification procedure	XXX	0.24	0	5	2	7
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	XXX	0.24	0	7	0	7
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	XXX	0.24	0	7	0	7
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus	XXX	0.25	0	7	0	7

	disease [COVID-19] vaccine, single dose						
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
70260	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.28	1	4	1	6

These examples illustrate that the recommended value and time for code 90480 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

### Conclusion

For code 90480, *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose*, the societies recommend an RVU of 0.25 and intra-service time of 7 minutes.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

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) Code 90480 is typically reported in addition to an office visit E/M

- 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.
- | scenario. | Code  | Global | Work RVU | Pre-Time | Intra-Time | Post-Time |
|-----------|-------|--------|----------|----------|------------|-----------|
| 3.        | 99213 | XXX    | 1.30     | 5        | 20         | 5         |
| 4.        | 90480 | XXX    | 0.25     | 0        | 7          | 0         |
| 5.        | Total |        | 1.55     | 5        | 27         | 5         |

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) One of 47 COVID-19 IA codes



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 AAP                      How often? Commonly

Specialty ACOG                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 269868876

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CDC COVID Vaccine Data Tracker; CDC VaxView 2023 data on intent to vaccinate; 2020 US Census Data

Specialty AAP                      Frequency 14962400                      Percentage 5.54 %

Specialty ACOG                      Frequency 2922458                      Percentage 1.08 %

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? 7,105,693 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare utilization in RUC database for 0004A Booster dose NF

Specialty AAP                      Frequency 71056                      Percentage 0.99 %

Specialty ACOG                      Frequency 7106                      Percentage 0.10 %

Specialty                      Frequency 0                      Percentage %

Do many physicians perform this service across the United States? Yes

### **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

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	AK	AL	AM	AN	AO	
1	ISSUE: COVID IA - Revised Code Set																												
2	TAB: 18																												
3					RUC				RVW				Total	PRE-TIME			INTRA-TIME				IMMD	SURVEY EXPERIENCE							
4	Source	CPT	DESC	Global	Review Year	Resp	IWP/UT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
5	1st REF	90460	Immunization administration through 18 years of age via any route of administration, with counseling by	XXX	2021	86	0.034	0.034			0.24			7						7									
6	2nd REF	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular	XXX	2021	47	0.024	0.024			0.17			7						7									
7	CURRENT						-	-						0															
8	SVY	90480	Immunization administration by intramuscular injection of severe	XXX		171	0.036	0.036	0.10	0.22	0.25	0.35	5.00	7	0	0	0	0	5	7	10	25	0	0	0	20	100	3600	
9		90480	AAP	XXX		88	0.043	0.043	0.10	0.21	0.26	0.31	1.50	6	0	0	0	0	4	6	10	20	0	0	0	63	200	3600	
10		90480	ACOG	XXX		83	0.031	0.031	0.14	0.23	0.25	0.50	5.00	8	0	0	0	0	3	6	8	12	25	0	0	1	20	50	500
11	REC	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome				0.036	0.036	0.25				7							7									

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

**Meeting Date: September 2023**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose	XXX

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

<b>CPT Code</b>	<b>Vignette</b>
90480	A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she 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:

The specialty societies convened multispecialty consensus panel including RUC advisors and providers of immunizations in the NF setting. The panel developed the direct practice expense recommendations for CPT Code 90480 based on best practices and current AMA RUC/PE guidelines.

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:

CPT Code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* was selected as a comparison on the PE spreadsheet. Code 90460 is a recently PE reviewed IA service.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) for PE spreadsheets for your older reference codes.

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?

Code 90480 is typically reported with an E/M service. Code 90480 is typically reported with an E/M service in the NF setting.

See the *Billed Together* tab in the RUC Database.

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? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

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

The dominant provider for new CPT Code 90480 in the facility and non facility is not known at this time.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**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:

Pre Service

CA007 Review patient clinical extant information and questionnaire

Used for imaging service. 1 minute standard.

Specialties are recommending 1 minute to account for the clinical staff time to review the patient immunization questionnaire.

CA008

Perform regulatory mandated quality assurance activity (pre-service)

Standard is 0 for XXX services.

Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service

CA014 Confirm order, protocol exam

Used for imaging service. 1 minute standard.

Specialties are recommending 2 minutes to account for the clinical staff time to ensure the correct sequencing and vaccination.

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

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 2<sup>nd</sup> worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

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:

N/A

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

a. Pre-Service period:

CA007: Confirming vaccine order/checking appropriateness for patient

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

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

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

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*:

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

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

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

N/A

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 2<sup>nd</sup> worksheet tab in PE spreadsheet*):

N/A

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? **N/A**
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? **N/A**
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. 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?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10<sup>th</sup> worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):**90480

**SPECIALTY SOCIETY(IES):** AAP & ACOG

**PRESENTER(S):** Steven Krug, MD, Jonathan Hathaway, MD, PhD

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

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5<sup>th</sup> worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

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

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

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7<sup>th</sup> worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger snl glass door

ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the ‘default’ equipment formula for both EF049 and ED043.

**PE-ONLY CODES ADDITIONAL INFORMATION**

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?  
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

**ADDITIONAL INFORMATION**

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

Equipment

ED043: While its description begins with “refrigerator, vaccine,” it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

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

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *The PE SOR serves as key support for the spreadsheet and should include any*



**NONFACILITY DIRECT PE INPUTS**

**CPT CODE(S):**90480

**SPECIALTY SOCIETY(IES):** AAP & ACOG

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

*important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.*  
Please submit the revised form electronically to Rebecca Gierhahn at [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org).  
In addition, please 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	K	L
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		RECOMMENDED	
2						90460		90480	
3		RUC Collaboration Website				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		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose	
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 18 SARS-CoV-2-Immunization Administration – Revised Code Set (90480) Specialty: AAP & ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 10.26	\$ -	\$ 10.26	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	20	0	20	0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	2	0	2	0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	17	0	17	0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	1	0	1	0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 9.10	\$ -	\$ 9.10	\$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery/procedure made							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.455				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.455				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455	1		1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.455	1		1	
23			L037D	RN/LPN/MTA	0.455				
26		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
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	L037D	RN/LPN/MTA	0.455				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455	3		3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455	2		2	
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.455				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.455				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455				
42			L037D	RN/LPN/MTA	0.455				
45		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
48		Intra-service (of service period)							
49	CA018	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.455				
50	CA019	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.455				
51	CA020	Assist physician or other qualified healthcare professional--directly related	L037D	RN/LPN/MTA	0.455				
52	CA021	Perform procedure/service--NOT directly related to physician work time	L037D	RN/LPN/MTA	0.455	4		4	
55			L037D	RN/LPN/MTA	0.455				
56		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
59		Post-Service (of service period)							
60	CA022	Monitor patient following procedure/service, multitasking 1-4	L037D	RN/LPN/MTA	0.455	4		4	
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.455				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.455				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.455				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455				
68	CA030	Technologist acquires images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.455				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455				
70	CA032	Scan exam documents into PACS; Complete exam in PACS system to	L037D	RN/LPN/MTA	0.455				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455				
72	CA034	Document procedure (non PACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.455	3		3	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	n/a		n/a	
75			L037D	RN/LPN/MTA	0.455				
78		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
81		End: Patient leaves office/facility							
82		POST-SERVICE PERIOD							
83		Start: Patient leaves office/facility							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.455	1		1	
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455				
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
93			L037D	RN/LPN/MTA	0.455				
96		Other activity: please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
99		End: with last office visit before end of global period							

[illegible]