AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE RUC RECOMMENDATIONS

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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

and Sam

RUC Chair

Enclosures

cc: RUC Participants
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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.

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 trissucrose formulation for children ages 5-11 (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted).

On October 20, 2021, the CPT Editorial Panel created new code 0034A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the Janssen booster dose for patients 18 years and older.

On January 12, 2022, the CPT Editorial Panel created new code 0073A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the third does of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted).

On February 1, 2022, the CPT Editorial Panel created new codes 0081A and 0082A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the first and second doses of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children 6 months through 4 years of age (i.e., 3 mcg/0.2 mL dosage, diluent reconstituted).

On February 26, 2022, the CPT Editorial Panel created new code 0094A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine for the full dose of the Moderna booster (i.e., 50 mcg/0.5 mL) for patients ages 6 through 11 years of age.

On April 18, 2022, the CPT Editorial Panel created new code 0074A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) booster dose of the of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5-11 (i.e., 10 mcg/0.2 mL dosage, diluent reconstituted). The Panel also created new code 0104A to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]) for the Sanofi-GlaxoSmithKline (GSK) booster dose (adjuvant AS03 emulsion) for patients 18 years and older.

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

In June 2022, the CPT Editorial Panel created five new codes, 0083A, 0091A, 0092A, 0093A and 0113A, and revised one code, 0094A, to describe the immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]). CPT code 0083A describes the third dose of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation

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

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

In November and December 2022, the CPT Editorial 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, 0173Aand 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, 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	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

Category I

Evaluation and Management

Preventive Medicine Services

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 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. For vaccine/toxoid products, see 90476-90759, 91300-91317.

Medicine

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91317).

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

Report 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 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,

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation					
report these co	patient age, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to eport 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.								
[99202-99215 services [9936	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.								
multiple serot	types of antigo contain multi	untigens in a vaccine that prevent disease(s) caused by one organism (904) ens against a single organism are considered a single component of vaccin ple vaccine components. Conjugates or adjuvants contained in vaccines a ve.	nes. Combii	nation vaccines are those					
	(For allerg	gy testing, see 95004 et seq)							
	(For skin t	esting of bacterial, viral, fungal extracts, see 86485-86580)							
	(For thera	peutic or diagnostic injections, see 96372-96379)							
90460		ion administration through 18 years of age via any route of administration ealth care professional; first or only component of each vaccine or toxoid							
+ 90461	ea	ch additional vaccine or toxoid component administered (List separately i	in addition i	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- <u>91317</u> , unless both a severe acute respiratory syndrome coronavin [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		ion administration (includes percutaneous, intradermal, subcutaneous, or combination vaccine/toxoid)	intramuscı	ılar injections); 1 vaccine					
	(Do not report 90471 in conjunction with 90473)								

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation		
+ 90472		ch additional vaccine (single or combination vaccine/toxoid) (List separa ocedure)	itely in additi	on to code for primary		
	(Use 9047.	? in conjunction with 90460, 90471, 90473)				
	[SARS-Co	port 90471, 90472 in conjunction with 91300- <u>91317</u> , unless both a severe Y-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at leadministered at the same encounter)				
	(For immu 96370, 963	ne globulins, see 90281-90399. For administration of immune globulins, (71, 96374)	see 96365, 9	6366, 96367, 96368, 96369,		
	(For intravesical administration of BCG vaccine, see 51720, 90586)					
90473	ine/toxoid)					
	(Do not rep	ort 90473 in conjunction with 90471)				
+ 90474	each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)					
	(Use 9047	in conjunction with 90460, 90471, 90473)				
	(Do not report 90473, 90474 in conjunction with 91300- <u>91317</u> , unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)					
● 0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose					
● 0002A	sec	ond dose				
● 0003A	thi	rd dose				
● 0004A	bo	oster dose				
	(Report 00	01A, 0002A, 0003A, 0004A for the administration of vaccine 91300)				
	(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)					

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation		
# ● 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-sucros formulation; first dose					
# ● 0052A	sec	cond dose				
# ● 0053A	thi	ird dose				
# ● 0054A	bo	oster dose				
	(Report 00	151A, 0052A, 0053A, 0054A for the administration of vaccine 91305)				
	(Do not re	port 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 913	08, 91312,	91315)		
# • 0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, sucrose formulation, booster dose					
	(Report 01	24A for the administration of vaccine 91312)				
	(Do not re	port 0124A in conjunction with 91300, 91305, 91307, 91308, 91315)				
# ● 0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose					
# ● 0072A	sec	cond dose				
# ● 0073A	thi	ird dose				
# ● 0074A	bo	oster dose				
	(Report 00	71A, 0072A, 0073A, 0074A for the administration of vaccine 91307)				
	(Do not re	port 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 913	08, 91312,	91315)		
# ● 0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose					

Number	CPT Descriptor	Global Period	Work RVU Recommendation			
(Report 0154.	4 for the administration of vaccine 91315)	<u> </u>				
(Do not repor	t 0154A in conjunction with 91300, 91305, 91307, 91308, 91312)					
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						
secon	d dose					
third	dose					
(Report 0081.	4, 0082A, 0083A for the administration of vaccine 91308)					
(Do not repor	t 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 913	12, 91315)				
(coronavirus	disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, pre	•	,			
(Report 0173A for the administration of vaccine 91317)						
		on of primary s	eries for 91308, <u>[ie,</u>			
(Do not repor	t 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 913	<u>15)</u>				
BB1	booster dose	XXX	0.20			
	(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)					
•	(Report 01542 (Do not report Immunization (coronavirus or reconstituted, secons third (Report 00812) (Do not report Immunization (coronavirus or diluent reconstituted) (Report 01732) (Use 0173A in following admetical or report of the	(Report 0154A for the administration of vaccine 91315) (Do not report 0154A in conjunction with 91300, 91305, 91307, 91308, 91312) Immunization administration by intramuscular injection of severe acute respiratory (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative reconstituted, tris-sucrose formulation; first dose second dose third dose (Report 0081A, 0082A, 0083A for the administration of vaccine 91308) (Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 913 Immunization administration by intramuscular injection of severe acute respiratory (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, prediluent reconstituted, tris-sucrose formulation; third dose (Report 0173A for the administration of vaccine 91317) (Use 0173A in conjunction with 91317 only-when used as a third dose administration following administration of 0081A, 0082A]) (Do not report 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 913 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, 91305, 91307	(Report 0154A for the administration of vaccine 91315) (Do not report 0154A in conjunction with 91300, 91305, 91307, 91308, 91312) Immunization administration by intramuscular injection of severe acute respiratory syndrome core (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 reconstituted, tris-sucrose formulation; first dose second dose third dose (Report 0081A, 0082A, 0083A for the administration of vaccine 91308) (Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315) Immunization administration by intramuscular injection of severe acute respiratory syndrome core (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, diluent reconstituted, tris-sucrose formulation; third dose (Report 0173A for the administration of vaccine 91317) (Use 0173A in conjunction with 91317 only-when used as a third dose administration of primary station of vaccine with 91317 only-when used as a third dose administration of primary station of vaccine of 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315) BB1 booster dose (Report 0173A in conjunction with 91317 when used as a booster dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A]) (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, 91			

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

● 0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; first dose
● 0022A	second dose
	(Report 0021A, 0022A for the administration of vaccine 91302)
● 0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; single dose
● 0034A	booster dose
	(Report 0031A, 0034A for the administration of vaccine 91303)
● 0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose
● 0042A	second dose
● 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
	(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)

#**•**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 N symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the N symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the N 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, 0154A, 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). 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

#91305 S	Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A) Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0124A, 0154A, 0173A, 0174A) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, with protein processor for the protein processor for the protein for a 20 mag/0.2 mL decage, trip graphs for the protein for integration for integration for integraphs and the protein processor.
#91305 Si	1081A, 0082A, 0083A, 0124A, 0154A, 0173A, <u>0174A</u>) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP,
	1 7 7
	pike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(1	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, 0124A, 0154A, 0173A, 0174A)
	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, vivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(1	Report 91312 with administration code 0124A)
1	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, 0174A)
	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, pike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
(1	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, 0124A, 0154A, 0173A, 0174A)
b	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, vivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for ntramuscular use
(1	Report 91315 with administration code 0154A)
,	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>)
	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, pike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
(i	Report 91308 with administration codes 0081A, 0082A, 0083A)

	(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0124A, 0154A, 0173A, <u>0174A</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
	(Report 91317 with administration codes 0173A, 0174A)
	(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)
	(Use 91317 as the booster dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)
	(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)
#91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use
	(Report 91301 with administration codes 0011A, 0012A, 0013A)
	(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A, 0164A)
#91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
	(Report 91306 with administration code 0064A)
	(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A, 0164A)
# ● 91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91313 with administration code 0134A)
	(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0144A, 0164A)
# ● 91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91314 with administration code 0144A)

	(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)
#91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91311 with administration codes 0111A, 0112A, 0113A)
	(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0144A, 0164A)
#№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
	(Report 91316 with administration code 0164A)
	(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0144A)
#91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)
	(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A 0144A, 0164A)
# N 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use
	(Report 91302 with administration codes 0021A, 0022A)
# ● 91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use
	(Report 91303 with administration code 0031A, 0034A)
#●91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
	(Report 91304 with administration codes 0041A, 0042A, 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

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, 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 Co	ode	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, trissucrose 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
# * •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
#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 (3 rd 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 (3 rd Dose) <u>● 0174A (Booster Dose)</u>	6 months through 4 years	Pfizer, Inc	Pfizer- BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	3 rd Dose: Refer to FDA/CDC Guidance Booster: 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	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

#•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
# <i>y</i> ● 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	S 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	#•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
	protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	#I0094A (Booster)	18 yrs of age and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	Booster: Refer to FDA/CDC Guidance
# <i>N</i> 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral	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 ¹⁰ 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

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

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

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; 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

RUC Meeting Da	te (mm/yyyy)	04/2023					
Presenter(s):	Bradley Fox, M Krug, MD	ИD; Korinne V	an Keuren	, DNP, MS,	RN; Suzanr	ne Berman, MI	D; Steven
Specialty Society(ies):	AAFP, ANA, A	AP					
CPT Code:	0174A						
Sample Size:	0 R 0	esp N: 0					
Description of Sample:	Panel						
			Low	25 th pctl	Median*	75th pctl	<u>High</u>
Service Performance Rate							
Survey RVW:							
Pre-Service Evaluation Time:					0.00		
Pre-Service Positi	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait Tir	ne:			0.00		
Intra-Service Tir	ne:				0.00		
Immediate Post	Service-Time:	0.00					
Post Operative \	<u> Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visi	<u>ts</u>	
Critical Care tim	e/visit(s):	0.00	99291x 0	.00 99292	2x 0.00		
Other Hospital t	ime/visit(s):	0.00	99231x 0	.00 99232	2x 0.00 9	9233x 0.00	
Discharge Day I	/Igmt:	0.00	99238x 0	. 00 99239x	0.00	99217x 0.00	
Office time/visit	(s):	0.00	99211x 0	.00 12x 0.0	0 13x 0.00 1	14x 0.00 15x 0	0.00
Prolonged Servi	ces:	0.00	99354x 0	. 00 55x 0	. 00 56x 0	0.00 57x 0.0	0
Sub Obs Care:		0.00	99224x 0	.00 99225	5x 0.00	99226x 0.00	

^{**}Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0174A	ician Work RVU: 0.2	20	
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Position	oning Time:	0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Tim	ne:	7.00		1

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0081A

Global XXX Work RVU 0.20

Time Source **RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

99211

XXX

Global

XXX

0.18

RUC Time

2,684,197

Most Recent

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

MPC CPT Code 2

99406

Work RVU Time Source

RUC Time

Most Recent Medicare Utilization 532,709

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

0.24

Other Reference CPT Code

Global

Work RVU

Time Source

90470 XXX 0.20 **RUC Time**

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

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0081A 0174A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 Prolonged Services Time 0.0 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

, ,					
Top Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	1	
Technical skill required					

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	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	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity						
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 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	<u>Less</u>	Identical	More			
Technical skill required						
Physical effort required						
<u>Psychological Stress</u>	Less	<u>Identical</u>	<u>More</u>			
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 						

Additional Rationale and Comments

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

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

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

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

For CPT code 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, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose, with 0.20 wRVUs and 7 minutes intraservice time.

SERV	ICES REPORTED W	TH MULTIPLE CPT CODES								
1.	Is this code typically following questions:	reported on the same date with other CPT codes? If yes, please respond to the No								
	Why is the procedure	e reported using multiple codes instead of just one code? (Check all that apply.)								
	Different spe the physician Multiple code Multiple code Historical pre	d code is an add-on code or a base code expected to be reported with an add-on code. cialties work together to accomplish the procedure; each specialty codes its part of a work using different codes. es allow flexibility to describe exactly what components the procedure included. es are used to maintain consistency with similar codes. eccedents. (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.									
FREQ	UENCY INFORMAT	ION								
	was this service previou reviewed) N/A; this is a	sly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted a new service								
		ur specialty perform this service? (ie. commonly, sometimes, rarely) multiple specialties, please provide information for each specialty.								
Special	lty	How often?								
Special	lty	How often?								
Special	lty	How often?								

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

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

Specialty

Frequency 0

Percentage 0.00 %

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

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

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

	Α	В	С	D	E	F	G	Н	l J	K	L M	N	O P Q	R S	Т	UV	W
13		COVID-19	Immuniz	zation Administration Pfizer	Bivalent Booster	6mo-4yrs	3										
14 15	TAB:									RVW		Total	PRE-TIME	IN	TRA-	TIME	IMMD
16	Source	СРТ	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN 25th	MED	75th MAX	Time	EVAL POSIT SDW				POST
17	1st REF RUC REC 2009	90460	XXX	Immunization administration through 18 years of age via any route of administration, with	indiadotaro.	2000	0.029	0.029	2001	0.20	Total minus	7	EVAL 10011 ODII	200	7	Total IIII-X	1 301
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	ххх	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

П	Α	В	С	D	Е	F	G	Н	1	J	K	L	М	N	0	Р	Q	R	S	Т	U \	/ W
15											RVW			Total	PR	E-TIM	Е		INT	RA-T	IME	IMMD
16	Source	СРТ	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th M/	X POST
40	October 2021 RUC	0072A	ххх	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	ххх	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

	Α	В	С	D	E	F	G	Н	ı	J	K	L	М	N	0	Р	Q	R	S	Т	U\	W
15											RVW			Total	PF	RE-TIN	1E		INT	RA-TI	ME	IMMD
16	Source	СРТ	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th MA	x 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		

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)

Meeting Date: April 2023

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 for PE spreadsheets for your reference codes):

CPT code 0174A: 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%

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

CPT CODE(S): 0174A

SPECIALTY SOCIETY(IES): AAFP, AAP, ANA

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

N/A

CPT CODE(S): 0174A

SPECIALTY SOCIETY(IES): AAFP, AAP, ANA

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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. \(\text{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, wdata logger sngl glass door (\$7,674.43)
- 21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (please see fifth worksheet in PE spreadsheet): 10 years
- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?

CPT CODE(S): 0174A SPECIALTY SOCIETY(IES): AAFP, AAP, ANA

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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)

CPT CODE(S): 0174A SPECIALTY SOCIETY(IES): AAFP, AAP, ANA

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

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. If this is a PE only code please select a crosswalk based on a similar specialty mix:
N/A
ADDITIONAL INFORMATION
25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
N/A
ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING) NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.
During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 <i>obtain vital signs</i> was reduced from 5 minutes to 3 minutes).

	A	В	D	E	F	G	н			K		М	N
1		Expense Spreadsheet	D	E	F		ICE CODE	REFEREN	ICE CODE	K	L	IVI	N
2							460		072	00	01A	000	02A
3		RUC Collaboration Website				October	2009	Sept	2020		nization		nization
							ization	Additional s			tration by lar injection		ration by lar injection
						administrat	ion through of age via	materials, a staff time of			re acute		re acute
							or age via	above thos		respiratory	/ syndrome	respiratory	syndrome
						administra	ation, with	included in		coronaviru	s 2 (SARS-	coronaviru	s 2 (SARS-
							eling by	visit or othe		CoV-2) (C	Coronavirus		oronavirus
		Meeting Date: March 2023					or other ealth care	facility serv when perfo		vaccine. m	COVID-19]) RNA-LNP,	vaccine. m	COVID-19]) RNA-LNP,
		Revision Date (if applicable):	Clinical Staff	Clinical	Clinical Staff Type Rate Per		nal; first or	during a Pu		spike	protein,	spike p	orotein,
	Code	COVID-19 IA Pfizer Bivalent Booser 6mo-4yr	Type Code	Staff Type	Minute	only com	ponent of	Emergency	, as		ve free, 30		ve free, 30
		Specialties: AAFP, ANA, AAP, ACP					ne or toxoid				nL dosage, constituted;	mcg/0.3m	constituted;
						admin	istered	respiratory- infectious d	transmitted isease		dose		d dose
4													
										Pfizer 1	Ist Dose	Pfizer 2	nd Dose
5													
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		Ī		\$ 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 18	CA002 CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.37								
19	CA003	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 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.37					1		1	
	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1						_	
27	OLD		LUSTD	KIN/LPIN/IVITA	0.37	'							
20		Other activity: please include short clinical description here and type new in column A	L037D	RN/LPN/MTA	0.37								
29		End: When patient enters office/facility for surgery/procedure											
30		SERVICE PERIOD											
31		Start: When patient enters office/facility for surgery/procedure:											
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	0.37					3		3	
34	CA009 CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			1		0		0	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	3				3		3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					1		1	
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2		2	
38 39	CA014 CA015	Confirm order, protocol exam Setup scope (ponfacility setting only)	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.37								
40	CA016	Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or	L037D	RN/LPN/MTA	0.37								
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37								
46 47	CA018	Intra-service (of service period) Assist physician or other qualified nearincare professional	L037D	RN/LPN/MTA	0.37								
48	CA019	Assist prijstoalt or buier quaimed heal(1021/6 professional	L037D	RN/LPN/MTA	0.37								
49	CA020	Assist priystoidit or biner qualineurinear(ndare proressionar	L037D	RN/LPN/MTA	0.37								
50	CA021	riendhrrprocedare/seriviceno fiaire/city reflatea to physician	L037D	RN/LPN/MTA	0.37	4				4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.37	1							
57		Post-Service (of service period)											
58	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37					4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.37	1		5		3		3	
61	CA025	Clean scope	L037D	RN/LPN/MTA	0.37								
62	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37								
63	CA027 CA028	as an delition a	L037D	RN/LPN/MTA RN/LPN/MTA	0.37								
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds	L037D L037D	RN/LPN/MTA	0.37								
66	CA030	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37								
67	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37								
68 69	CA032 CA033	Perform regulatory imanualed quality assurance activity (service	L037D L026A	RN/LPN/MTA	0.37					7		5	
70	CA033	Document procedure (non-ACS) (e.g. mandated reporting,	L020A	RN/LPN/MTA	0.26					3		3	
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37								
72	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a	
1 1		Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of											
	OLD	administration, and date of VIS as required by federal law. A	L037D	RN/LPN/MTA	0.37	3							
		final check of the patient is done to confirm that there are no											
75		serious immediate reactions and final questions are answered.											
1 1		Clinical staff enters data into the state online immunization											
1	OLD	information system (IIS) (registry) and maintains the vaccine	L037D	RN/LPN/MTA	0.37	4							
76		refrigerator/freezer temperature log.											
77		End: Patient leaves office/facility	L037D	RN/LPN/MTA	0.37								
78 79		POST-SERVICE PERIOD Start: Patient leaves office/facility											
80	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	1	1			3	0	3	0
81	CA037	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37								
82		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes	16 27										
85		99212 27 minutes 99213 36 minutes	36										
86		99214 53 minutes	53										
87	0.105	99215 63 minutes	63	DVIII		2.5		0.5		0.5		2.5	
88	CA039	Post-operative visits (total time)	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92		Other activity, prease include short clinical description here	L037D	RN/LPN/MTA	0.37								
95		End: with last office visit before end of global period											

	۸	В	D	F	F	G	- 11			V	-	М	N
1	A DLIC Broation F	xpense Spreadsheet	D		F	,	NCE CODE	DEFEDEN	ICE CODE		L	IVI	IN
+	RUC Flactice E	xperise Spreadsneet								000	14.6	000	224
2		PLIC Collaboration Website					2000		2020)1A	000 Immur	
3	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	administrai 18 years any ro administr counse physicial qualified h professio only com each vacci	2009 nization through of age via pute of adition, with elling by n or other nealth care nai; first or reponent of ne or toxoid iistered	Sept Additional s materials, s staff time o above those included in visit or othe facility servi when perfo during a Pu Emergency defined by! respiratory- infectious d	and clinical wer and e usually an office r non- ice(s), rmed iblic Health r, as law, due to transmitted	administ intramuscu of sever respiratory coronavirus	lar injection re acute syndrome s 2 (SARS- oronavirus OVID-19]) RNA-LNP, protein, ve free, 30 L dosage, onstituted;	administ intramuscu of sever respiratory coronavirus CoV-2) (C disease [C vaccine, m spike p preservatir	re acute syndrome s 2 (SARS- oronavirus COVID-19]) RNA-LNP, orotein, we free, 30 L dosage, onstituted;
5											st Dose	Pfizer 2	
6		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD				XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 7.82	\$ 0.37	\$ 6.36	\$ -	\$ 15.18	\$ -	\$ 13.76	\$ -
9		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	18.0	1.0	11.0	0.0	37.0	0.0	33.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	0.0	3.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	16.0	0.0	8.0	0.0	30.0	0.0	28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	1.0	1.0	0.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							_		_
97 98	SB033	TOTAL COST OF SUPPLY QUANTITY x PRICE mask, surgical	0.43	item		\$ 1.00	\$ -	\$ 2.29	\$ -	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -
99	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.4762	item		1				0		0	
100	SJ053	swab-pad, alcohol	0.0333	item		2				0		0	
101	SB022	gloves, non-sterile	0.246	pair		0.5				1.0		1.0	
102	SG021 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	0.3182 0.0163	item		1				3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	1	computed per patient				1		0		0	
106	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.16	\$ -	\$ -	\$ -	\$ 1.65	\$ -	\$ 1.49	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	1000		0.002653727	16				37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock	2672.233		0.007091376	16							
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838					3		2	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	16,516.36	Default	0.043829902					34		31	
114													
116													
117													
118													
119													
120													
121 122													
123													
124													
125													
126													
127													
128				L				L					

П	Α	В	0	Р	Q	R	S	Т	U	V	W	Х
1	RUC Practice E	xpense Spreadsheet						l l				
3		DLIC Collaboration Website		11A nization		12A nization	002 Immur			22A nization	0031A	
3		RUC Collaboration Website		ration by		tration by		ration by		ration by	Immunization ad by intramuscular	
				lar injection		lar injection	intramuscu			lar injection	severe acute re	
				re acute syndrome		re acute syndrome	of sever respiratory	syndrome		re acute syndrome	syndrome cord (SARS-CoV-2) (
			coronaviru	s 2 (SARS-	coronaviru	s 2 (SARS-	coronavirus	2 (SARS-	coronavirus	s 2 (SARS-	disease [CO\	
				oronavirus OVID-19])		COVID-19])	CoV-2) (co disease [C		CoV-2) (c disease [C	oronavirus	vaccine, DNA, sp adenovirus type	
		Meeting Date: March 2023	vaccine, m	RNA-LNP,	vaccine, m	RNA-LNP,	vaccine, D	NA, spike	vaccine, D	NA, spike	vector, preserv	ative free,
	Clinical Activity Code	Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr		orotein, re free, 100		orotein, re free, 100	protein, ch adenovirus		protein, ch adenoviru		5x10 ¹⁰ viral parti	
	Code	Specialties: AAFP, ANA, AAP, ACP	mcg/0.5m			L dosage;	(ChAdOx	1) vector,	(ChAdOx		dosage; sing	le dose
			first	dose	secon	d dose		tive free,	preserva 5x10 ¹	tive free,		
							5x10 ¹ particles			s/0.5mL		
								first dose		cond dose		
4												
			Moderna	1st Dose	Moderna	2nd Dose	AstraZeneo	a 1st Dose	AstraZeneo	a 2nd Dose	Janssen Sing	le Dose
5		LOCATION				F		F 33				E 20
6 7		LOCATION GLOBAL PERIOD	Non Fac	Facility	Non Fac XXX	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac XXX	Facility
H		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				œ.						c
8		EQUIPMENT TIME	\$ 14.38	\$ -	\$ 13.03	\$ -	\$ 14.38	\$ -	\$ 13.03	\$ -	\$ 14.38	\$ -
9		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	37.0 4.0	0.0	33.0 2.0	0.0	37.0 4.0	0.0	33.0 2.0	0.0	37.0 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 16	CA001	Start: Following visit when decision for surgery/procedure made Complete pre-service diagnostic and referral forms	1		1		1		-1		1	
<u>1</u> 7	CA001	Coordinate pre-surgery services (including test results)										
18	CA003	Schedule space and equipment in facility										
20	CA004 CA005	Provide pre-service education/obtain consent 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	1		1		1		1		1	
	CA008 OLD	Perform regulatory mandated quality assurance activity (pre- Prepare patient chart with appropriate CDC VIS										
27	325	Other activity: please include short clinical description here										
28		and type new in column A										
29		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3	1	3	1	3		3	1	3	
34	CA009 CA010	Obtain vital signs	0		0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	2		2		2		2		2	
38	CA014	Confirm order, protocol exam										
39 40	CA015 CA016	Setup scope (nonfacility setting only) Frepare, set-up and start rv, initial positioning and monitoring or										
41	CA017	Sedate/apply anesthesia										
46 47	CA018	Intra-service (of service period) Assist physician or other qualified fleatificare professional				1						
48	CA019	Assist priystual for biner quainted nearthCafe professionar Assist priystual for biner quainted nearthCafe professionar										
49 50	CA020 CA021	#endhriptocedure/serviceno francetty refated to physician	4		4		4		4		4	
50	OLD	al. flare	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS 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	-		-		0				•	
60 61	CA024 CA025	Clean room/equipment by clinical staff Clean scope	3		3		3		3		3	
62	CA026	Clean surgical instrument package Compete post-procedure diagnostic forms, lab and x-ray										
63 64	CA027 CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA028	Check dressings, catheters, wounds recuinologis does images in PACS, checking for air images,										
66	CA030											
67 68	CA031 CA032	Review examination with interpreting MD/DO										
69	CA033	Perform regulatory manualed quanty assurance activity (service Document procedure (non-ACS) (e.g. manualed reporting,	7		5		7		5		7	
70	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3		3	
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical										
	OLD	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										
75		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										
76	OLD	refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										l .
78 79		POST-SERVICE PERIOD 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	# 1 10 4 -	# - 2-2	# visits	4	# visits	4 - 2-11	# visits		# visits	4.3-2
82		Office visits: List Number and Level of Office Visits 99211 16 minutes	# visits	# visits	# VISILS	# visits	# VISITS	# visits	# VISITS	# visits	# visits	# visits
84		99212 27 minutes										
85 86		99213 36 minutes 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
92		Other activity, prease include short clinical description here										
95		End: with last office visit before end of global period										

П	Α	В	0	Р	0	R	S	Т	U	V	W	Х
1	RUC Practice E	xpense Spreadsheet					-		-			
2		· ·	00	11A	00	12A	00:	21A	002	22A	0031	À.
3		RUC Collaboration Website		nization		nization		nization		nization	Immunization ad	
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA. Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	of Sevi respirator coronaviru CoV-2) (disease [i vaccine, r spike preservati mcg/0.5r	of Severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein,		tration by llar injection re acute re syndrome s 2 (SARS-toronavirus 20VID-19) RNA-LNP, protein, ree free, 100 lL dosage; d dose	intramuscu of seve respiratory coronaviru CoV-2) (disease [C vaccine, E protein, cl adenoviru (ChAdOx) preserva 5x10 particle	ration by lar injection re acute re acute syndrome s 2 (SARS-oronavirus OVID-19)) DNA, spike impanzee s 0 xford 1 1) vector, tive free, oviral sylv.5mL first dose	intramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, E protein, ch adenovirus (ChAdOx preserva 5x10 ¹ particles		by intramuscular severe acute re syndrome core (SARS-CoV-2) (disease [COV vaccine, DNA, sy adenovirus type vector, preserv 5x10 ¹⁰ viral parti dosage; sing	espiratory onavirus 2 coronavirus /ID-19]) pike protein, 26 (Ad26) ative free, icles/0.5mL
5						2nd Dose	AstraZeneo		AstraZeneo		Janssen Sing	
6		LOCATION	Non Fac	Facility	Non Fac	Non Fac Facility XXX		Facility	Non Fac	Facility	Non Fac	Facility
8		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 14.38	\$ -	\$ 13.03	\$ -	XXX \$ 14.38	\$ -	XXX \$ 13.03	\$ -	XXX \$ 14.38	\$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	37.0	0.0	33.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	2.0	0.0	4.0	0.0	2.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	30.0	0.0	28.0	0.0	30.0	0.0	28.0	0.0	30.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES		T .								
97	SB033	TOTAL COST OF SUPPLY QUANTITY x PRICE mask, surgical	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 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 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	3		1 3		<u>1</u> 3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipment Code	EQUIPMENT				ı						
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.85	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	37		33		37		33		37	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		37		33		37	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
115 116												
117												
118												
119												
120												
121 122												
123												
124												
125												
126												
12/												
120												

	A	В	Y Z		AA	AB	AC	AD	AE	AF	AG	AH
1		xpense Spreadsheet		-	701	7.0	710	710	712	7.0	7.0	741
2				0041A	0042		0003			013A		004A
3		RUC Collaboration Website		munization inistration by	Immuniz administra		Immuniz administra			unization stration by		inization stration by
			intramus	cular injection of	intramuscular	injection of	intramuscular	njection of	intramusc	ular injection	intramuscul	ar injection of
				cute respiratory e coronavirus 2	severe acute syndrome cor		severe acute syndrome cor			ere acute ry syndrome		te respiratory coronavirus 2
			(SA	RS-CoV-2)	SARS-C	CoV-2)	(SARS-C	oV-2)	coronavir	us 2 (SARS-	(SARS	S-CoV-2)
				avirus disease 0-19]) vaccine,	(coronavirus [COVID-19]		(Coronavirus [COVID-19])			Coronavirus COVID-19])		rus disease 91) vaccine.
		Meeting Date: March 2023	recombin	ant spike protein	recombinant s	pike protein	mRNA-LNI	, spike	vaccine, i	mRNA-LNP,	mRNA-l	LNP, spike
	Clinical Activity Code	Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr		rticle, saponin- ed adjuvant,	nanoparticle based ad		protein, pres free, 30 mc			protein, ive free, 100		preservative mcg/0.3 mL
	0000	Specialties: AAFP, ANA, AAP, ACP	preser	vative free, 5	preservativ	e free, 5	dosage, d	liluent	mcg/0.5	mL dosage;	dosag	e, diluent
			mcg/0.5r	mL dosage; first dose	mcg/0.5mL second		reconstituted;	third dose	thire	d dose		ted; booster ose
											_	
۳												
5			Nova	vax 1st Dose	Novavax 2	nd Dose	Pfizer 3rd	Dose	Modern	a 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	Í	XXX	Í	XXX	,	XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$14.38	\$ -	\$ 13.03	\$ -	\$ 14.59	\$ -	\$13.82	\$ -	\$ 14.59	\$ -
9		EQUIPMENT TIME 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 12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 12.92	\$ -	\$ 11.66	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -
13 14		MINUTE PRE-SERVICE PERIOD				<u> </u>						
15		Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent	_		0		^		•		0	
20	CA005 CA006	Complete pre-procedure phone calls and prescription Confirm availability of prior images/studies	2		U		2		2		2	
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 Start: When patient enters office/facility for surgery/procedure:										
32		Pre-Service (of service period) Greet patient, provide gownling, ensure appropriate medical										
33	CA009 CA010	Obtain vital signs	0		0		3 0		0		3 0	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36 37	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	2		2		2		2		1 2	
38	CA013	Confirm order, protocol exam										
39 40	CA015	Setup scope (nonfacility setting only)										
41	CA016 CA017	Sedate/apply anesthesia										
46	04040	Intra-service (of service period) Assist provident of other qualified healthcare professional										
47 48	CA018 CA019	Assist physicial for biner quained healthCare professional										
49	CA020	Assist physician or biner quanneurinearificate professionar			, , ,							
50	CA021		4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS Post-Service (of service period)		l								
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59	CA023 CA024	Monitor patient following procedure/service, no multitasking	3		3		3		3		3	
60 61	CA025	Clean room/equipment by clinical staff Clean scope			3		3		3		3	
62	CA026 CA027	Clean surgical instrument package complete post-procedure diagnostic forms, lab and x-ray										
63 64	CA027 CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds recrimologist QC's images in PACS, checking for all images,										
66 67	CA030 CA031	Review examination with interpreting MD/DO										
68	CA032	Perform regulatory manuaced quality assurance activity (service										
69 70	CA033 CA034	Document procedure (non-ACS) (e.g. mandated reporting,	7		5 3		5 3		5 3		5 3	
71	CA035	Review home care instructions, coordinate visits/prescriptions										
72	CA036	Discharge day management Clinical staff enters vaccine information into the patient medical	n/a		n/a		n/a		n/a		n/a	
		record to include the vaccine type, lot number, site, date of										
	OLD	administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no										
75		serious immediate reactions and final questions are answered.										
П		Clinical staff enters data into the state online immunization										
	OLD	information system (IIS) (registry) and maintains the vaccine										
76		refrigerator/freezer temperature log.										
77 78		End: Patient leaves office/facility POST-SERVICE PERIOD										
79		Start: Patient leaves office/facility		1								
80	CA037 CA038	Conduct patient communications Coordinate post-procedure services	3	0	3	0	3	0	3	0	3	0
82	UNUU0	Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes										
85		99212 27 minutes 99213 36 minutes										
86		99214 53 minutes										
87 88	CA039	99215 63 minutes 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, prease microue short clinical description here										
92 95		End: with last office visit before end of global period				L						
,,,		or determine the perore one or global period										

	Δ	В	Y	7	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Practice F	xpense Spreadsheet			701	710	7.0	7.0	712	7.0	710	7.11
2				0041A	0042	2A	0003	A	0	013A	00	004A
3		RUC Collaboration Website		munization	Immuniz		Immuniz			unization		inization
A	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	admi intramusi severe a syndrom (SA (corona [COVIE recombin nanopa base preser	nistration by cular injection of cular injection of cular injection of cute respiratory se coronavirus 2 RS-CoV-2) avirus disease 0-19)) vaccine, ant spike protein rticle, saponinda dijuvant, vative free, 5 ml. dosage; first dose	administra intramuscular severe acute syndrome co (SARS-C (coronavirus [COVID-19] recombinant s nanoparticle based ad preservativ mcg/0.5mL second	ation by injection of respiratory conavirus 2 coV-2) s disease) vaccine, pike protein , saponin- juvant, e free, 5 dosage;	administra intramuscular severe acute syndrome cor (SARS-C (Coronavirus (COVID-19) mRNA-LNI protein, pres free, 30 mc dosage, c reconstituted;	tion by injection of respiratory onavirus 2 toV-2) is disease vaccine, P, spike servative g/0.3mL diluent	adminintramuso of Sev respirato coronavii CoV-2) disease vaccine, spike preserva mcg/0.5	istration by	adminis intramuscul severe acu syndrome (SARS (coronavi [COVID-1 mRNA-I protein, p free, 30 r dosag reconstitu	stration by lar injection of the respiratory coronavirus 2 S-CoV-2) rrus disease 9]) vaccine, NP, spike orcservative nog/0.3 mL e, diluent ted; booster ose
5				vax 1st Dose	Novavax 2		Pfizer 3rd			na 3rd Dose		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	00000	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -
98 99	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipment Code	EQUIPMENT		1								
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			1									
118			1									
119												
120			1									
121 122			+									
122			+									
124			1									
125												
126												
127												
128												

П	Α	В	AI AJ		AK	AL	AM	AN	AO	AP	AQ	AR
1		xpense Spreadsheet				•						
3		RUC Collaboration Website	005 ⁻ Immuni		005 Immuni		005 Immuni		005		006	
3		RUC Conaboration website	administra intramuscular severe acute syndrome co (SARS-0	ation by injection of respiratory ronavirus 2 CoV-2)	administr	ation by r injection of respiratory pronavirus 2 CoV-2)	administrintramuscular severe acute syndrome co (SARS-(coronaviru	ation by injection of respiratory ronavirus 2 CoV-2)	Immuni administra intramuscular severe acute syndrome co (SARS-0 (coronaviru	ation by injection of respiratory ronavirus 2 CoV-2)	Immuni: administra intramuscular severe acute syndrome co (SARS-0 (coronaviru	ation by injection of respiratory ronavirus 2 CoV-2)
	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	(COVID-19) mRNA-LN protein, pre free, 30 mc dosage, tris formulation;) vaccine, IP, spike servative sg/0.3 mL s-sucrose	(COVID-19) mRNA-LN protein, pre free, 30 md dosage, tri formulation; s]) vaccine, IP, spike eservative cg/0.3 mL s-sucrose	[COVID-19] mRNA-LN protein, pre free, 30 mo dosage, tris	l) vaccine, IP, spike eservative cg/0.3 mL s-sucrose	(COVID-19) mRNA-LN protein, pre free, 30 mc dosage, tris formulation; b	P, spike eservative eg/0.3 mL s-sucrose	(COVID-19) mRNA-LN protein, pre free, 50 mc dosage, boo	P, spike servative g/0.25 mL
4			Pfizer Tris-S Dos		Pfizer Tris-S		Pfizer Tris-S		Pfizer Tris- Boos		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 TOTAL CLINICAL STAFF TIME	\$ 14.38 37.0	0.0	\$ 13.03 33.0	\$ -	\$ 13.82 35.0	\$ -	\$ 13.82 35.0	0.0	\$ 13.82 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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE PRE-SERVICE PERIOD	\$ 12.92	\$ -	\$ 11.66	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -
15		Start: Following visit when decision for surgery/procedure made										
16	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18 19	CA003 CA004	Schedule space and equipment in facility Provide pre-service education/obtain consent										
20	CA005	Complete pre-procedure phone calls and prescription	2		0		2		2		2	
21	CA006 CA007	Confirm availability of prior images/studies 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										
30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
33	CA009	Pre-Service (of service period) Greet patient, province gowning, ensure appropriate medical	3		3		3		3		3	
34	CA010 CA011	Obtain vital signs Provide education/obtain consent	3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013 CA014	Prepare room, equipment and supplies Confirm order, protocol exam	2		2		2		2		2	
39 40	CA015 CA016	Setup scope (nonfacility setting only) Prepare, ser-up and start iv, initial positioning and monitoring or										
41	CA017	Sedate/apply anesthesia										
47	CA018	Intra-service (of service period) Assist physician or other qualined nearlineare professionar Assist physician or other qualined nearlineare professionar										
48 49	CA019 CA020	Assist prijstdah or biner qualineu nearthcare professionar										
50	CA021	Pendhr procedure/service==n⊖ f arrectly refateu to physician	4		4		4		4		4	
55 57	OLD	Provide patient/parent with appropriate CDC VIS Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025 CA026	Clean surgical instrument package										
63	CA027	Clean surgical instrument package complete post-procedure diagnostic forms, iau anu x-ray										
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds recrimologist QC s images in PACS, the chiraly for all images,										
66 67	CA030 CA031	Review examination with interpreting MD/DO										
68	CA032 CA033	Perform regulatory imanificated quality assurance activity (service	7		5		5		5		5	
69 70	CA034	DUCUTHERIC PROCEDURE (HORIFACS) (e.g. manuated reporting,	3		3		5 3		3		5 3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions 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 78		End: Patient leaves office/facility POST-SERVICE PERIOD										
79 80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services	Ī		·		Ţ				,	
82		Office visits: List Number and Level of Office Visits 99211 16 minutes	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
84 85		99212 27 minutes 99213 36 minutes							_			_
86		99214 53 minutes										
87 88	CA039	99215 63 minutes 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, prease include short clinical description here										
95	_	End: with last office visit before end of global period										ı

	Δ	В	Al	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice F	xpense Spreadsheet	7.0	7.0	7.11	71.0	7.111	7.1.4	7.0	7.0	, ng	7.11
2			005	IA	005	2A	0050	BA	005	4A	006	4A
3		RUC Collaboration Website	Immuniz		lmmuni:		Immuniz		Immuni:		Immuni:	
4		Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	administra intramuscular severe acute syndrome co (SARS-C (coronaviru [COVID-19] mRNA-LN protein, pre free, 30 mc dosage, tris formulation;	ation by injection of respiratory ronavirus 2 coV-2) sidesase) vaccine, P, spike servative g/0.3 mL sucrose	administra	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, IP, spike eservative cg/0.3 mL e-sucrose	administral intramuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN protein, pre free, 30 mc dosage, tris formulation;	ation by injection of respiratory ronavirus 2 coV-2) sidesase) vaccine, P, spike servative g/0.3 mL sucrose	administr. immuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN protein, pre free, 30 mc dosage, tris formulation; b	ation by injection of respiratory ronavirus 2 CoV-2) s disease () vaccine, IP, spike eservative eg/0.3 mL assucrose	administra intranuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN protein, pre free, 50 modosage, boo	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, IP, spike eservative g/0.25 mL
5			Pfizer Tris-S Dos	e	Pfizer Tris-S Dos	se	Pfizer Tris-S Dos		Pfizer Tris- Boos	ter	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	00000	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -
98	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipment Code	EQUIPMENT										I
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	37		33		35		35		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		35		35		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
115												
117												
118												
119												
120												
121 122												
123												
124												
125												
126												
127												
128												

П	Α	В	AS	AT	AU	AV	AW	AX	AY	AZ
	RUC Practice E	xpense Spreadsheet	007	4.4	007	24	00044		0070	
3		RUC Collaboration Website	007 Immuni		0072 Immuniz		0034A Immunization add		0073A Immunization ad	
_		Not composition Website	administr	ation by	administra	ation by	by intramuscular	injection of	by intramuscular	injection of
			intramuscular severe acute		intramuscular severe acute		severe acute re syndrome coro		severe acute re syndrome coro	onavirus 2
			syndrome co (SARS-0		syndrome con (SARS-0		(SARS-CoV-2) (o disease [COV		(SARS-CoV2) (o disease [CO\	
			(coronaviru	s disease	(coronavirus	s disease	vaccine, DNA, sp	oike protein,	vaccine, mRNA-	LNP, spike
		Meeting Date: March 2023	[COVID-19] mRNA-LN		[COVID-19] mRNA-LN		adenovirus type vector, preserva		protein, preservat mcg/0.2 mL dosa	
		Revision Date (if applicable):	protein, pre	servative	protein, pre	servative	5x10 ¹⁰ viral parti	cles/0.5mL	reconstituted, tr	is-sucrose
	Code	COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	free, 10 mo dosage,		free, 10 mc dosage,		dosage; boos	ter dose	formulation; th	ird dose
			reconstitu sucrose form		reconstitut sucrose for					
			dos		second					
4										
П			Pfizer	5-11	Pfizer	5-11			Pfizer 5-	-11
5			Tris-Sucrose	e 1st Dose	Tris-Sucrose	2nd Dose	Janssen Bo	oster	Tris-Sucrose 3	3rd Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	XXX		XXX		XXX		XXX	-
8		EQUIPMENT TIME	\$ 14.78	\$ -	\$ 13.43	\$ -	\$ 13.82	\$ -	\$ 14.21	\$ -
9		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	38.0 4.0	0.0	34.0 2.0	0.0	35.0 4.0	0.0	36.0 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 TOTAL COST OF CLINICAL STAFF TIME x RATE PER	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		MINUTE	\$ 13.29	\$ -	\$ 12.03	\$ -	\$ 12.40	\$ -	\$ 12.77	\$ -
14 15		PRE-SERVICE PERIOD Start: Following visit when decision for surgery/procedure made								
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1	
17 18	CA002 CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility								
19	CA004	Provide pre-service education/obtain consent	^		0		2		2	
20	CA005 CA006	Complete pre-procedure phone calls and prescription Confirm availability of prior images/studies	2		U					
22	CA007	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1	
	CA008 OLD	Prepare patient chart with appropriate CDC VIS			'					
27	025	Other activity: please include short clinical description here								
28		and type new in column A				<u> </u>		<u> </u>		
29 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure:								
32	CA009	Pre-Service (of service period) Green panelin, provide gowining, ensure appropriate medical	3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0	
36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	1		1		1		1	
37 38	CA013 CA014	Prepare room, equipment and supplies	3		3		2		3	
39	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, ser-up and staft by, initial positioning and monitoring or								
40	CA016 CA017	Sedate/apply anesthesia								
46		Intra-service (of service period) Assist physician or other qualified nearincare professionar		l .						
47	CA018 CA019	Assist priystalit or biner quained near(1021/6 professional								
49	CA020	Assist pnysicial) or brief qualified i real/fill professional— Fendhir procedure/service—no Fureculy related to pnysician								
50	CA021 OLD	Provide patient/parent with appropriate CDC VIS	4		4		4		4	
55	OLD	Post-Service (of service period)				<u> </u>		l		
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3	
61	CA025	Clean scope								
62 63	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray								
64	CA028	Review/read post-procedure x-ray, lab and pathology reports								
65 66	CA029 CA030	Check dressings, catheters, wounds								
67	CA031	Review examination with interpreting MD/DO								
68 69	CA032 CA033	Perform regulatory imanualed quanty assurance activity (service	7		5		5		5	
70 71	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3	
72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical								
	OLD	record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A								
75		final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.								
15		Clinical staff enters data into the state online immunization								
	OLD	information system (IIS) (registry) and maintains the vaccine								
76		refrigerator/freezer temperature log.								
77 78		End: Patient leaves office/facility POST-SERVICE PERIOD								
79	04027	Start: Patient leaves office/facility	2		_		_		_	-
80 81	CA037 CA038	Conduct patient communications Coordinate post-procedure services	3	0	3	0	3	0	3	0
82		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes 99212 27 minutes								
85		99213 36 minutes								
86 87		99214 53 minutes 99215 63 minutes								
88 89	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92		End: with last office visit before end of global period								

	A	В	AS		AT	AU	AV	A ¹	w	AX		AY	A	7
1	RUC Practice E	xpense Spreadsheet	7.5		711	710	7.0	,,		700		7.1		_
2				0071	Α	007	2A		0034	4		0073/	A	
3		RUC Collaboration Website			ation	Immuni		Immuniz		ministration	Immi	ınization ad		ration
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	admi intramus severe a syndrom (SA (corona [COVIE mRN) proteir free, 1 dosa recor	inistra cular acute ne cor RS-C avirus D-19]) A-LNI n, pres 0 mos age, o nstitut	ation by injection of respiratory conavirus 2 cov-2) s disease vaccine, P, spike servative g/0.2 mL diluent ed, tris-ulation; first	administr- intramuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN protein, pre free, 10 mc dosage, reconstitu sucrose for second	ation by injection of respiratory respiratory respiratory cov-2) s disease vaccine, p, spike servative cg/0.2 mL diluent ted, tris- mulation;	by intrar severe syndro (SARS- disea vaccine, adenov vector, 5x10 ¹⁰ v	muscular e acute re ome coro CoV-2) (ase [COV DNA, sp rirus type , preserv viral parti	injection of espiratory onavirus 2 coronavirus	by int sev syn (SAF di vacci protei mcg/ reco	ramuscular rere acute reductor (NS-CoV2) (usease [CO' ne, mRNA- n, preserva 0.2 mL dos onstituted, tr mulation; th	injection espirate coronav VID-19] -LNP, s tive free age, dil	ion of tory is 2 ivirus i]) spike ee, 10 iluent rose
5			Tris-Su		1st Dose	Pfizer Tris-Sucrose	2nd Dose		nssen Bo			Pfizer 5 s-Sucrose 3		se
6		LOCATION	Non Fa		Facility	Non Fac	Facility	Non		Facility		on Fac	Faci	ility
7		GLOBAL PERIOD	XXX			XXX		XX	ΚX			XXX		
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 14	1.78	\$ -	\$ 13.43	\$ -	\$	13.82	\$ -	\$	14.21	\$	-
9		TOTAL CLINICAL STAFF TIME	38.0		0.0	34.0	0.0	35	5.0	0.0		36.0	0.	.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0		0.0	2.0	0.0		.0	0.0		4.0	0.	
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	31.0		0.0	29.0	0.0	28		0.0		29.0	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 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0	-		0		(0	-	-
100	SJ053	swab-pad, alcohol	0			0						0		-
101	SB022	gloves, non-sterile	1.0	_		1.0		1.				1.0		
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1			1		1	1			1		
103	SK057	paper, laser printing (each sheet)	3			3		3	3			3		
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0			0		C)			0		
106	Equipment Code	EQUIPMENT		0.7	•	¢ 0.70	L	•	0.04		•	0.00		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0	0.87	\$ -	\$ 0.78	\$ -	\$	0.81	\$ -	\$	0.83	\$	-
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	38			34		3	5			36		
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock												
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	38			34		3	5			36		
113	NEW	freezer, under counter, ultra cold 3.7 cu ft												
114 115			+											
116			t											
117			1											
118														
119			-											
120 121			+											
122			†											
123			1											
124			1											
125														
126			+											
128			+											
120														

\Box	A	В	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ
1		Expense Spreadsheet	571	55	50	- 55	DE.		50	5.1	5.	
2			0081		0082A		0094		0074		0104	
3		RUC Collaboration Website	Immuniz administra		Immunization ad by intramuscular		Immuni: administra		Immuni: administra		Immuniz administra	
			intramuscular	injection of	severe acute re	espiratory	intramuscular	injection of	intramuscular	injection of	intramuscular	injection of
			severe acute syndrome cor		syndrome cord (SARS-CoV-2) (severe acute syndrome co		severe acute syndrome co		severe acute syndrome co	
			(SARS-C	oV-2)	disease [CO\	VID-19])	(SARS-0	CoV-2)	(SARS-0	CoV-2)	(SARSC	oV-2)
			(coronavirus [COVID-19])		vaccine, mRNA- protein, preserva		(coronaviru [COVID-19]		(coronaviru [COVID-19]		(coronavirus [COVID-19]	
		Meeting Date: March 2023	mRNA-LNP, sp	oike protein,	mcg/0.2 mL dos	age, diluent	mRNA-LN	IP, spike	mRNA-LN	IP, spike	monovalent, p	reservative
	Clinical Activity Code	Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr	preservative mcg/0.2 mL		reconstituted, tr formulation; sed		protein, pre free, 50 mg		protein, pre free, 10 mg		free, 5 mcg dosage, adju	
	Code	Specialties: AAFP, ANA, AAP, ACP	diluent recons	tituted, tris-	ioiiiidiatioii, sec	cond dose	dosage; boo		dosage,		emulsion, bo	
			sucrose formu				when admir individuals 18		reconstitut sucrose for			
			403	•			OVE		booster			
1,												
4			Pfizer 6	mo 4	Pfizer 6 n	no 1			Pfizer	5 11		
5			Tris-Sucrose		Tris-Sucrose 2		Moderna	Booster	Tris-Sucros		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	Í	XXX	Ź	XXX	Ź	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 31.0	0.0	2.0 29.0	0.0	4.0 28.0	0.0	4.0 29.0	0.0	4.0 28.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	31.0	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	\$ 13.29	\$ -	\$ 12.03	\$ -	\$ 12.40	\$ -	\$ 12.77	\$ -	\$ 12.40	\$ -
14		MINUTE PRE-SERVICE PERIOD										
15	04	Start: Following visit when decision for surgery/procedure made										
16	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Schedule space and equipment in facility										
19	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		2	
21	CA006	Confirm availability of prior images/studies										
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS			·						· ·	
21		Other activity: please include short clinical description here										
28		and type new in column A										
29 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3		3		3	ı	3	ı	3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35 36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	3 1		3		3 1		<u>3</u>		3 1	
37	CA012	Prepare room, equipment and supplies	3		3		2		3		2	
38	CA014	Confirm order, protocol exam										
39 40	CA015 CA016	Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or										
41	CA017	Sedate/apply anesthesia										
46 47	CA018	Intra-service (of service period) Assist physician or other qualified nearlinear professional										
48	CA019	Assist priystoidit or buter quanned inear(1000fe professional Assist priystoidit or buter quanned inear(1000fe) professional										
49 50	CA020 CA021	r ⁱ endim procedore/serviceno frarecity 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 CA023	Monitor patient following procedure/service, multitasking 1:4 Monitor patient following procedure/service, no multitasking	4		4		4		4		4	
60	CA023	Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025 CA026	Clean scope										
62	CA027	Clean surgical instrument package										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65 66	CA029 CA030	Check dressings, catheters, wounds										
67	CA031	Review examination with interpreting MD/DO Scarrexam documents into FAGS. Complete examining										
68 69	CA032 CA033	Perform regulatory imanuacied quantly assurance activity (service	7		5		5		5		5	
70	CA034	Document procedure (noninació) (e.g. mandated reporting,	3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical										
	OLD	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										
75		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										
76	OLD	refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78 79		POST-SERVICE PERIOD										
80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services	# .2-24-		# .2-11-		4,2-4-				44	
82		Office visits: List Number and Level of Office Visits 99211 16 minutes	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
84		99212 27 minutes										
85 86		99213 36 minutes 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
92		Other activity, prease include short clinical description here										
95		End: with last office visit before end of global period										

	A	В	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ
1	RUC Practice E	xpense Spreadsheet	5,1	- 55	50	- 55	D.	- 51	- 50	511	5,	
2			0081	A	0082	4	0094	4A	007-	4A	0104	1A
3		RUC Collaboration Website	Immuniz		Immunization ad		Immuni		Immuni		Immuni	
4	Code	Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pitzer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	administra intramuscular severe acute syndrome cor (SARS-C (coronavirus [COVID-19] mRNA-LNP, sj preservativ mcg/0.2 mL diluent recons sucrose forms dose	injection of respiratory ronavirus 2 coV-2) s disease vaccine, pike protein, e free, 3 dosage, tituted, tris- ulation; first	by intramuscular severe acute in syndrome core (SARS-CoV-2) (disease (COV) vaccine, mRNA- protein, preserve mcg/0.2 mL dos reconstituted, tr formulation; ser	espiratory onavirus 2 coronavirus /ID-19]) LNP, spike ative free, 3 age, diluent is-sucrose	administr. intramuscular severe acute syndrome co (SARS-C (coronaviru [COVID-19] mRNA-LN protein, pre free, 50 mc dosage; boo when admir individuals 18	injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, IP, spike servative 19/0.5 mL ster dose, nistered to 8 years and	administr. intramuscular severe acute syndrome co (SARS-(coronaviru [COVID-19] mRNA-Lh protein, pre free, 10 mc dosage, reconstitu sucrose for booster	r injection of r respiratory pronavirus 2 CoV-2) is disease p) vaccine, IP, spike eservative cg/0.2 mL diluent ted, tris- rmulation;	administra intramuscular severe acute syndrome co (SARSC (coronaviru [COVID-19] monovalent, p. free, 5 mc, dosage, adju emulsion, bo	injection of respiratory ronavirus 2 coV-2) s disease) vaccine, preservative g/0.5 mL avant AS03
5			Pfizer 6 Tris-Sucrose	1st Dose	Pfizer 6 n Tris-Sucrose 2	2nd Dose	Moderna		Pfizer Tris-Sucros	e Booster	Sanofi-GSI	
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 99	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipment Code	EQUIPMENT		1		1		1				
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.87	\$ -	\$ 0.78	\$ -	\$ 0.81	\$ -	\$ 0.83	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	38		34		35		36		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	38		34		35		36		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
115 116												
116												
118												
119												
120												
121												
122												
124												
125												
126												
127												
128												

П	А	В	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT
1	RUC Practice E	xpense Spreadsheet										
3		RUC Collaboration Website	011 Immuni		0112 Immunia		0083. Immuniz		0091 Immuniz		0092 Immuniz	
3		ROC CONADOTATION WEDSITE	administr	ation by	administra	ation by	administra	tion by	administra	ation by	administra	ation by
			intramuscular severe acute		intramuscular severe acute		intramuscular i severe acute r		intramuscular severe acute			
			syndrome co	ronavirus 2	syndrome co	ronavirus 2	syndrome core	onavirus 2	syndrome con	ronavirus 2	syndrome cor	ronavirus 2
			(SARS-0		(SARS-0		(SARSCo (coronavirus		(SARS-C		(SARS-C	
			[COVID-19]) vaccine,	[COVID-19]) vaccine,	[COVID-19])	vaccine,	[COVID-19]) vaccine,	[COVID-19]) vaccine,
	Clinical Activity	Meeting Date: March 2023 Revision Date (if applicable):	mRNA-LN protein, pre		mRNA-LN protein, pre		mRNALNP protein, pres		mRNA-LN protein, pre		mRNA-LN protein, pre	
	Code	COVID-19 IA Pfizer Bivalent Booser 6mo-4yr	free, 25 mo	g/0.25 mL	free, 25 mc	g/0.25 mL	free, 3 mcg	0.2 mL	free, 50 mc	g/0.5 mL	free, 50 mc	g/0.5 mL
		Specialties: AAFP, ANA, AAP, ACP	dosage; fi	rst dose	dosage; sed	cond dose	dosage, d		dosage; first of administer		dosage; sec when admin	
							sucrose form	nulation;	individuals 6	through 11	individuals 6 t	through 11
							third do	ise	year	rs	year	rs
4												
			Moderna		Moderna		Pfizer 6 m		Moderna		Moderna	
5			1st D		2nd D		Tris-Sucrose		1st Do		2nd D	
6 7		LOCATION GLOBAL PERIOD	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility
П		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 14.38	\$ -	\$ 13.03	\$ -	\$ 14.21	\$ -	\$ 14.38	\$ -	\$ 13.03	\$ -
8		EQUIPMENT TIME 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 12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0	30.0	0.0	28.0 3.0	0.0
П		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 12.92	\$ -	\$ 11.66	\$ -	\$ 12.77	\$ -	\$ 12.92	\$ -	\$ 11.66	\$ -
13 14		MINUTE PRE-SERVICE PERIOD	ψ 12.9Z	_	ψ 11.00		ψ 12.//	Ψ -	ψ 12.9Z		ψ 11.00	Ψ -
15		Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms	1		1		1		1		1	
18	CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility										
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		0	
21	CA006	Confirm availability of prior images/studies			•						· ·	
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS	·						·			
21		Other activity: please include short clinical description here										
28 29		and type new in column A End: When patient enters office/facility for surgery/procedure										
30		SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
33	CA009	Pre-Service (of service period) Greer patient, provide gowning, ensure appropriate medical	3		3		3		3		3	
34 35	CA010 CA011	Obtain vital signs Provide education/obtain consent	3		3		3		3		3	
36	CA011	Review requisition, assess for special needs	1		1		1		1		1	
37 38	CA013 CA014	Prepare room, equipment and supplies Confirm order, protocol exam	2		2		3		2		2	
39	CA015	Setup scope (nonfacility setting only) rrepare, ser-up and start rv, initial positioning and monitoring or										
40 41	CA016 CA017	Sedate/apply anesthesia										
46		Intra-service (of service period) Assist physician or other qualined nearincare professional										
47 48	CA018 CA019	Assist prijstoan or burier quanneur nearthcare professional										
49 50	CA020 CA021	Assist priysician or burier qualified free autitate professional Pendhir procedure/serviceno Forrecity related to priysician	4		4		4		4		4	
50	OLD	Provide patient/parent with appropriate CDC VIS	-		4				4		4	
57	OLD	Post-Service (of service period)		l .		l .		l		l .		
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3	
61 62	CA025 CA026	Clean scope								_		
63	CA027	Clean surgical instrument package complete post-procedure diagnostic forms, iao and x-ray										
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds										
66	CA030	Check dressings, catheters, wounds										
67 68	CA031 CA032	Review examination with interpreting MD/DO										
69	CA033	refront regulatory imanuated quality assurance activity (service Document procedure (noninacs) (e.g. manuated reporting,	7		5		5		7		5	
70 71	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3		3	
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of										
1	OLD	administration, and date of VIS as required by federal law. A										
75		final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.										
13		Clinical staff enters data into the state online immunization										
	OLD	information system (IIS) (registry) and maintains the vaccine										
76		refrigerator/freezer temperature log.										
77 78		End: Patient leaves office/facility POST-SERVICE PERIOD										
79	04607	Start: Patient leaves office/facility	_		_		2		•		_	
80 81	CA037 CA038	Conduct patient communications Coordinate post-procedure services	3	0	3	0	3	0	3	0	3	0
82		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes 99212 27 minutes										
85 86		99213 36 minutes 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
92		Other activity, prease include short clinical description here										
95		End: with last office visit before end of global period										

П	Α	В	BK	BL	BM	BN	ВО	BP	BQ	BR	BS	BT
1	RUC Practice E	xpense Spreadsheet										
2			011	1A	011	2A	0083/	4	009	1A	0092	2A
3		RUC Collaboration Website	Immuni	zation	lmmuni.	zation	Immuniza	ation	Immuniz	zation	Immuniz	ation
4	Code	Meeting Date: March 2023 Revision Date (ff applicable): COVID-19 Ib Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	administra intramuscular severe acute syndrome co (SARS-C (coronaviru [COVID-19] mRNA-LN protein, pre free, 25 moq dosage; fi	rinjection of respiratory ronavirus 2 CoV-2) s disease l) vaccine, IP, spike eservative g/0.25 mL	administr. intramuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN protein, pre free, 25 mo dosage; sed	injection of respiratory ronavirus 2 2oV-2) s disease) vaccine, P, spike sservative g/0.25 mL cond dose	administratintramuscular in severe acute n syndrome core (SARSCo (coronavirus [COVID-19]) mRNALNP protein, prese free, 3 mog/ dosage, d reconstitute sucrose form third do	njection of espiratory onavirus 2 V- 2) disease vaccine, , spike ervative 0.2 mL illuent d, tris- julation;	severe acute syndrome co (SARS-C (coronaviru: [COVID-19] mRNA-LN protein, pre free, 50 mc dosage; first administe individuals 6 year	injection of respiratory respiratory ronavirus 2 2oV-2) s disease) vaccine, P, spike servative g/0.5 mL dose, when ered to through 11 rs	administra intramuscular severe acute syndrome cor (SARS-C (coronavirus [COVID-19] mRNA-LN protein, pre free, 50 mc dosage; sec when admin individuals 6 i	injection of respiratory ronavirus 2 CoV-2) is disease (in vaccine, P, spike servative g/0.5 mL and dose, istered to through 11
5			Moderna 1st D	ose	Moderna 2nd D	ose	Pfizer 6 m Tris-Sucrose	3rd Dose	Moderna 1st De	ose	Moderna 2nd D	ose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 14.38	\$ -	\$ 13.03	\$ -	XXX \$ 14.21	\$ -	XXX \$ 14.38	\$ -	XXX \$ 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	SB033	TOTAL COST OF SUPPLY QUANTITY x PRICE mask, surgical	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 0	\$ -	\$ 0.61 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 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	3		1 3		3		<u>1</u> 3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipment Code	EQUIPMENT		1								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.83	\$ -	\$ 0.85	\$ -	\$ 0.76	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	37		33		36		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		36		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
115 116												
117												
118												
119												
120 121												
121												
123												
124												
125												
126												
127												
120												

	Α	В	BU	BV	BW	BX	BY	BZ	CA	СВ	CC	CD	CE	CF
1	RUC Practice E	xpense Spreadsheet	0093	2 ^	0113	2 ^	0124	1.0	0134	Λ	0144	1 /	015	10
3		RUC Collaboration Website	Immuniz	zation	Immuniz	zation	Immuniz	zation	Immuniz	ation	Immuniz	zation	Immuni	zation
			administra		administra intramuscular		administra		administra intramuscular		administra		administra intramuscular	
			severe acute	respiratory							severe acute		severe acute	
			syndrome cor (SARS-0		syndrome co (SARS-0		syndrome cor (SARS-0		syndrome cor (SARS-0		syndrome co (SARS-0		syndrome co (SARS-0	
			(coronavirus		(coronavirus	s disease	(coronavirus		(coronavirus		(coronavirus		(coronaviru	
		Mantina Data Manta 2002	[COVID-19] mRNA-LN		[COVID-19] mRNA-LN		[COVID-19]		[COVID-19] mRNA-LN		[COVID-19]		[COVID-19] mRNA-LNF	
	Clinical Activity	Meeting Date: March 2023 Revision Date (if applicable):	protein, pre		protein, pre		mRNA-LNP spike pr		protein, b		mRN-LNF protein, b		spike pi	
	Code	COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	free, 50 mc dosage; thi		free, 25 mcg dosage; th		preservative mcg/0.3 mL o		preservative mcg/0.5 mL		preservative mcg/0.25 m		preservative mcg/0.2 ml	
		Specialities: AAFP, ANA, AAP, ACP	when admin		uosage, iri	iiu uose	sucrose for		booster		booster		diluent recons	
			individuals 6 t				booster	dose					sucrose for booster	
			ycai										Doosici	dosc
4														
			Moderna		Moderna		Pfizer		Moderna		Moderna		Pfizer	
5			3rd D		3rd D		Bivalent E		Bivalent E		Bivalent E		Bivalent I	
6 7		LOCATION GLOBAL PERIOD	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility	Non Fac XXX	Facility
-		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND						•				•		œ.
8		EQUIPMENT TIME	,	\$ -	\$ 13.82	\$ -	\$ 13.82	\$ -	\$ 13.82	\$ -	\$ 13.82	\$ -	\$ 13.82	\$ -
10		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	35.0 4.0	0.0	35.0 4.0	0.0	35.0 4.0	0.0	35.0 4.0	0.0	35.0 4.0	0.0	35.0 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 TOTAL COST OF CLINICAL STAFF TIME x RATE PER	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		MINUTE	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.40	\$ -
14		PRE-SERVICE PERIOD Start: Following visit when decision for surgery/procedure made												
15 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 19	CA003 CA004	Schedule space and equipment in facility Provide pre-service education/obtain consent												
20	CA005	Complete pre-procedure phone calls and prescription	2		2		2		2		2		2	
21	CA006 CA007	Confirm availability of prior images/studies 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												
		Other activity: please include short clinical description here												
28		and type new in column A End: When patient enters office/facility for surgery/procedure												
30		SERVICE PERIOD												
31		Start: When patient enters office/facility for surgery/procedure:												
33	CA009	Pre-Service (of service period) Green parient, provide gowning, ensure appropriate medical	3		3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0		0	
35 36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	3 1		3 1		3 1		3 1		3 1		3 1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2		2	
38 39	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, set-up and start ty, influer positioning and monitoring or												
40	CA016	* *												
41	CA017	Sedate/apply anesthesia Intra-service (of service period)												
47	CA018	Assist physician or other qualined healthcare professional— Assist physician or other qualined healthcare professional— Assist physician or other qualined healthcare professional—												
48 49	CA019 CA020	Assist physician or other qualified freathcare professional												
50	CA020	#endhirphocedare/serviceno frairectly reliated to physician	4		4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS												
57		Post-Service (of service period)												
58 59	CA022 CA023	Monitor patient following procedure/service, multitasking 1:4 Monitor patient following procedure/service, no multitasking	4		4		4		4		4		4	
60	CA023	Clean room/equipment by clinical staff	3		3		3		3		3		3	
61	CA025 CA026	Clean scope												
62 63	CA027	Clean surgical instrument package												
64	CA028	Review/read post-procedure x-ray, lab and pathology reports												
65 66	CA029 CA030	Check dressings, catheters, wounds												
67	CA031	Review examination with interpreting MD/DO												
68 69	CA032 CA033	renomit regulatory imanuacied quantly assurance activity (service	5		5		5		5		5		5	
70	CA034	Document procedure (nonFACS) (e.g. manuated reporting,	3		3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a		n/a		n/a	
	2000	Clinical staff enters vaccine information into the patient medical	.,,,		.,,,				.,,,		.74		.,,,	
	OLD	record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A												
	OLD	final check of the patient is done to confirm that there are no												
75		serious immediate reactions and final questions are answered.												
	61.5	Clinical staff enters data into the state online immunization												
	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.												
76 77		End: Patient leaves office/facility				· · · · · ·								
78		POST-SERVICE PERIOD												
79 80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services											Ť	
82		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits
84		99211 16 minutes 99212 27 minutes												
85		99213 36 minutes												
86 87		99214 53 minutes 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
92		Other activity, prease include short clinical description here												
95		End: with last office visit before end of global period												

	Α	В	BU	BV	BW	BX	BY	BZ	CA	СВ	CC	CD	CE	CF
1	RUC Practice E	xpense Spreadsheet												
2			0093	A	0113	3A	0124	A	0134	IA.	0144	1A	0154	IA.
3		RUC Collaboration Website	Immuniz	ation	Immuniz	zation	Immuniz		Immuniz	ation	Immuniz		Immuni	
4	Clinical Activity Code	Meeting Date: March 2023 Revision Date (ff applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	administra	injection by injection of respiratory onavirus 2 cov-2) is disease vaccine, P, spike servative g/0.5 mL rd dose, istered to through 11	administra	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, P, spike servative g/0.25 mL	administra intramuscular severe acute syndrome cor (SARS-C (coronavirus [COVID-19] mRNA-LNP spike pr preservative mcg/0.3 m L d sucrose fon booster	injection by injection of respiratory onavirus 2 (oV-2) is disease vaccine, bivalent otein, if free, 30 osage, trismulation,	administra	ation by injection of respiratory ronavirus 2 coV-2) sidesase) vaccine, P, spike ivalent, e free, 50 dosage,	administra	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, P, spike ivalent, e free, 25 L dosage,	administra intranuscular severe acute syndrome co (SARS-((coronaviru) [COVID-19] mRNA-LNF spike pr preservativ mcg/0.2 ml diluent recons sucrose for booster	ation by injection of respiratory ronavirus 2 CoV-2) is disease vaccine, by bivalent otein, e free, 10 dosage, titituted, trismulation,
5			Moderna 3rd Do		Moderna 3rd Do		Pfizer Bivalent B		Moderna Bivalent E		Moderna Bivalent B		Pfizer Bivalent B	
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	
		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
96	Supply Code	MEDICAL SUPPLIES												
97	00000	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -	\$ 0.61	\$ -
98 99	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0		0	
101	SB022	aloves, non-sterile	1.0		1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0									
106	Equipment Code	EQUIPMENT												
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35		35		35		35		35		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock refrigerator, vaccine medical grade, w-data logger sngl glass												
112	NEW	door	35		35		35		35		35		35	
113 114	NEW	freezer, under counter, ultra cold 3.7 cu ft												
114														
116														
117														
118														
119														
120														
121														
123														
124														
125														
126														
127														
128														

П	A	В	CG	CH	CI	CJ	CK	CL	CM	CN
1		xpense Spreadsheet	CG	CII	G		CK	CL		MENDED
2			0044		016		0173			74A
3		RUC Collaboration Website Meeting Date: March 2023	Immuniz administra intramuscular severe acute syndrome cor (SARS-C (coronavirus [COVID-19]) recombina	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, nt spike	Immuni: administra intramuscular severe acute syndrome co (SARS-((coronaviru [COVID-19] mRNA-LN	ation by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, P, spike	severe acute syndrome co (SARS-C (coronavirus [COVID-19] mRNA-LNP	injection by injection of respiratory ronavirus 2 CoV-2) s disease) vaccine, d, bivalent	administ intramuscula severe acute syndrome c (SARS-CoV-2 disease [G vaccine, m	nization by ar injection of e respiratory 2) (coronavirus COVID-19]) RNA-LNP, ike protein,
4	Clinical Activity Code	Revision Date (ff applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	protein nand saponin-based preservative mcg/0.5 mL booster	d adjuvant, e free, 5 . dosage;	protein, b preservativ mcg/0.2 ml booster	e free, 10 dosage,	spike pr preservativ mcg/0.2 mL diluent recons sucrose for third d	e free, 3 dosage, tituted, tris- mulation;	preservative f mL dosag reconstituted	ree, 3 mcg/0.2 ge, diluent I, tris-sucrose booster dose
5			Novava: Boos		Moderna 6 Bivalent B		Pfizer 6r Bivalent 3			Smo-4yr 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 35.0	\$ -	\$ 13.82 35.0	\$ -	\$ 14.21 36.0	\$ -	\$ 14.21 36.0	\$ -
10		TOTAL CLINICAL STAFF TIME 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 3.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0	29.0	0.0
		TOTAL POST-SERVICE CLINICAL STAFF TIME TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 12.40	\$ -	\$ 12.40	\$ -	\$ 12.77	\$ -	3.0 \$ 12.77	\$ -
13		MINUTE PRE-SERVICE PERIOD	20		, ,,,,,					
15		Start: Following visit when decision for surgery/procedure made								
16	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1	
18	CA003	Schedule space and equipment in facility								
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		2		2		2	
21	CA006	Confirm availability of prior images/studies								
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS								
		Other activity: please include short clinical description here								
28 29		and type new in column A End: When patient enters office/facility for surgery/procedure								
30		SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure: Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical								
33	CA009 CA010	as a sada sas susilable	3		3 0		3 0		3	
35	CA011	Obtain vital signs Provide education/obtain consent	3		3		3		3	
36 37	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	1 2		2		3		3	
38	CA014	Confirm order, protocol exam	-		-				Ů	
39 40	CA015 CA016	Setup scope (nonfacility setting only)								
41 46	CA017	Sedate/apply anesthesia								
47	CA018	Intra-service (of service period) Assist physician or other qualined nearincare professionar— Assist physician or other qualined frearincare professionar—								
48 49	CA019 CA020	Assist physician or biner qualineu nearthcare professional								
50	CA021	Fendhir procedure/serviceno francosty relateu to physician	4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS Post-Service (of service period)								
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3	
61	CA025	Clean scope	,		,		Ů		Ů	
62 63	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray								
64	CA028	Review/read post-procedure x-ray, lab and pathology reports								
65 66	CA029 CA030	Check dressings, catheters, wounds recrimologist does images in PACS, checking for air images,								
67 68	CA031 CA032	Review examination with interpreting MD/DO								
69	CA033	Performit regulatory imanuaced quantly assurance activity (service Ductifilm) procedure (nonPACS) (e.g. manuaced reporting,	5		5		5		5	
70	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3	
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 77	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log. End: Patient leaves office/facility								
78		POST-SERVICE PERIOD								
79 80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0
81	CA038	Coordinate post-procedure services					·			
82 83		Office visits: List Number and Level of Office Visits 99211 16 minutes	#visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits
84		99212 27 minutes								
85 86		99213 36 minutes 99214 53 minutes								
87 88	CA039	99215 63 minutes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89	CUUSS	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92 95		Other activity, prease include short clinical description here								
כנ		End: with last office visit before end of global period								

\Box	٨	В	CG	СН	CI	CI	CK	CL	CM	CN
1	PLIC Practice E	xpense Spreadsheet	CG	CH	Ci	CJ	CK	CL		MENDED
2	RUC Flactice E	xperise Spreadsneet	004	4.0	016	4.0	0173	٥.۸		74A
_		DLIC Collaboration Website								
3		Meeting Date: March 2023 Revision Date (if applicable): COVID-19 IA Pfizer Bivalent Booser 6mo-4yr Specialties: AAFP, ANA, AAP, ACP	Immun administr intramuscula severe acute syndrome cc (SARS- (coronavir. [COVID-19 recombin. protein nar saponin-bass preservatir mcg/0.5 m booste	ation by r injection of r respiratory pronavirus 2 CoV-2) ss disease l) vaccine, ant spike hoparticle, de adjuvant, we free, 5 L dosage;	Immunii administri intramuscular severe acute syndrome co (SARS-(coronaviru [COVID-19] mRNA-LN protein, b preservativ mcg/0.2 ml booster	ation by injection of respiratory ronavirus 2 CoV-2) solvesses) vaccine, P, spike iivalent, e free, 10 dosage,	Immunis administra intramuscular severe acute syndrome cor (SARS-C (coronavirus [COVID-19] mRNA-LNP spike pr preservativ mcg/0.2 mL diluent recons sucrose for third d	ation by injection of respiratory ronavirus 2 cov-2) is disease yaccine, by bivalent otein, e free, 3 dosage, tituted, trismulation;	administ intramuscula severe acutiv syndrome c (SARS-CoV-2 disease [0 vaccine, n bivalent sp preservative f mL dosag reconstituted	nization tration by ar injection of e respiratory oronavirus 2:) (coronavirus 2:0) (coronavirus COVID-19]) nRNA-LNP, ilke protein, free, 3 mcg/0.2 ge, diluent 1, tris-sucrose booster dose
5			Novava Boo	ster	Moderna 6 Bivalent B		Pfizer 6n Bivalent 3r			6mo-4yr Booster
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	XXX \$ 13.82	\$ -	XXX \$ 13.82	\$ -	XXX \$ 14.21	\$ -	XXX \$ 14.21	\$ -
8		EQUIPMENT TIME								
9		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	35.0 4.0	0.0	35.0 4.0	0.0	36.0 4.0	0.0	36.0 4.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME 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
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	
100 101	SJ053 SB022	swab-pad, alcohol gloves, non-sterile	0 1.0		1.0		1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)	1.0		1.0		1.0		1.0	
102	SK057	paper, laser printing (each sheet)	3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers								
106	Equipment Code	EQUIPMENT								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.83	\$ -	\$ 0.83	\$ -
108	ED043	refrigerator, vaccine, TEMPERATURE MONITOR W-ALARM, security mounting w-sensors, NIST certificates	35		35		36		36	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock								
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35		35		36		36	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft								
114 115										
116										
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Appendix Q: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

This table links the individual severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine product codes (91300-91317) to their associated immunization administration codes (0004A, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 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, 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, immunocomprom ised]): 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, trissucrose 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, immunocomprom ised]): 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, trissucrose 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, immunocomprom ised]) 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 rd Dose) 0174A (Booster)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	3 rd 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, immunocomprom ised]): 28 or More Days
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 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, immunocomprom ised]): 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, immunocomprom ised]): 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 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

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Patient Age	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 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	0041A (1st Dose) 0042A (2nd Dose)	12 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
	disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	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 ASO3 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 trissucrose 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) does 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 through11 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 does of the Pfizer-BioNTech COVID-19 vaccine tris-sucrose formulation for children ages 5 years through11 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 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

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) does 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.

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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
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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

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,

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.

L Code Number CPT Descriptor Period Recommendation		CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
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Category I

Evaluation and Management

Preventive Medicine Services

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 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. For vaccine/toxoid products, see 90476-90759, 91300-91317.

Medicine

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (90460, 90461, 90471-90474, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0164A, 0171A, 0172A, 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, 91300-91317).

Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus

CPT	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.)

Report 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 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.

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

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

(For allergy testing, see 95004 et seq)

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

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

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

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
+ 90461	ea	ch additional vaccine or toxoid component administered (List separately t	in addition i	to code for primary procedure)			
	,	I for each vaccine administered. For vaccines with multiple components [n with 90461 for each additional component in a given vaccine)	combinatio	n vaccines], report 90460 in			
	[SARS-Co	port 90460, 90461 in conjunction with 91300-91317, unless both a severe V-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at led 59 are administered at the same encounter)					
90471		ion administration (includes percutaneous, intradermal, subcutaneous, or combination vaccine/toxoid)	intramusci	ılar injections); 1 vaccine			
	(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 9047.	2 in conjunction with 90460, 90471, 90473)					
	(Do not report 90471, 90472 in conjunction with 91300-91317, unless both a severe acute respiratory syndrome coronavirus [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 9047, 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; I 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 9047	4 in conjunction with 90460, 90471, 90473)					

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
	[SARS-Co]	port 90473, 90474 in conjunction with 91300-91317, unless both a severe Y-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at lecadministered at the same encounter)					
●0001A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dos reconstituted; first dose							
●0002A	sec	ond dose					
●0003A	thi	rd dose					
<i>●0004A</i>	booster dose						
	(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)						
	(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)						
# • 0051A	(coronavir	ion administration by intramuscular injection of severe acute respiratory sus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative in; first dose					
# • 0052A	sec	ond dose					
# • 0053A	thi	rd dose					
# • 0054A	booster dose						
	(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)						
	(Do not rep	oort 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 9130	08, 91312,	91315, 91317)			
#●0121A	CC	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, trissucrose formulation; single dose	XXX	0.20			

# <u>▲</u> 0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, trissucrose formulation, booster additional dose (Report 0121A, 0124A for the administration of vaccine 91312)							
	(Do not report <u>0121A</u> , 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)							
# • 0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose							
# • 0072A	seco	nd dose						
# ● 0073A	third	! dose						
# <i>●</i> 0074A	booster dose							
	(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)							
	(Do not repo	rt 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308	3, 91312, 91315, 9	1317)				
#●0151A	CC2	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	XXX	0.20				
# ● 0154A	(coronavirus	n administration by intramuscular injection of severe acute respiratory syndisease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, presentations tries sucrose formulation, booster additional dose						
	(Report <u>015</u>]	A, 0154A for the administration of vaccine 91315)						
	(Do not repo	rt <u>0151A,</u> 0154A in conjunction with 91300, 91305, 91307, 91308, 91312	, 91317)					
# ● 0081A	•							
# • 0082A	seco	nd dose						

# ● 0083A	third dose						
	(Report 0081A	1, 0082A, 0083A for the administration of vaccine 91308)					
	(Do not report	t 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 9131.	2, 91315)				
#•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			
# <u>▲</u> 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						
	(Report 0173A for the administration of vaccine 91317)						
	(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])						
	(Do not report 0173A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)						
# <u>▲</u> 0174A	booster additional dose						
	(Report <u>0171A</u> , <u>0172A</u> , 0173A, 0174A for the administration of vaccine 91317)						
	(Use $0174A_{}$ in conjunction with 91317 when used as a booster-additional dose administration of primary series for 91308 , [ie, following administration of $0081A$, $0082A$, $0083A$])						
	(Do not report	<u>0171A, 0172A, 0173A, 0</u> 174A in conjunction with 91300, 91305, 9130	07, 91308, 91312,	91315)			
● 0011A		administration by intramuscular injection of severe acute respiratory sy lisease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative j		,			
●0012A	secono	d dose					
● 0013A	third a	lose					
		, 0012A, 0013A for the administration of vaccine 91301)					

	(Do not repor	t 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 9131	3, 91314, 91316)				
<i>■</i> 0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose						
	(Report 0064	A for the administration of vaccine 91306)					
	(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)						
# <u>▲</u> 0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster additional dose (Report 0134A for the administration of vaccine 91313)						
	(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)						
#•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			
# <u>▲</u> 0144A		administration by intramuscular injection of severe acute respiratory s disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, presonal dose	-				
	(Report 0141A, 0142A, 0144A for the administration of vaccine 91314)						
	(Do not report <u>0141A</u> , <u>0142A</u> , <u>0144A</u> in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)						
# ● 0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years						
# ● 0092A	secor	d dose, when administered to individuals 6 through 11 years					
# ● 0093A	third	dose, when administered to individuals 6 through 11 years					

# ▲ 0094A	additional booster dose, when administered to individuals 18 years and over
	(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)
	(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)
●0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; first dose
●0022A	second dose
	(Report 0021A, 0022A for the administration of vaccine 91302)
●0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; single dose
●0034A	booster dose
	(Report 0031A, 0034A for the administration of vaccine 91303)
●0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose
● 0042A	second dose
● 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

(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)

#**▲**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 additional 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 \mathscr{N} symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the \mathscr{N} symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the \mathscr{N} 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, 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 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 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). 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	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, <u>0121A</u> , 0124A, <u>0151A</u> , 0154A, <u>0171A</u> , 0172A, 0173A, 0174A)
#91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)
	(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, <u>0121A</u> , 0124A, <u>0151A</u> , 0154A, <u>0171A</u> , 0172 <u>A</u> , 0173A, 0174A)
# ● 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
	(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, <u>0151A</u> , 0154A, <u>0171A</u> , 0172A, 0173A, 0174A)
#91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
	(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)
	(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)
#№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
	(Report 91315 with administration code <u>0151A</u> , 0154A)
	(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)
#91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

	(Report 91308 with administration codes 0081A, 0082A, 0083A)
	(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, <u>0121A</u> , 0124A, <u>0151A</u> , 0154A, <u>0171A</u> , 0172A, 0173A, 0174A)
# № •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
	(Report 91317 with administration codes <u>0171A</u> , <u>0172A</u> , <u>0173A</u> , <u>0174A</u>)
	(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)
	(Use 91317 as the booster additional dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)
	(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)
#91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use
	(Report 91301 with administration codes 0011A, 0012A, 0013A)
	(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, <u>0141A, 0142A,</u> 0144A, 0164A)
#91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
	(Report 91306 with administration code 0064A)
	(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)
# ● 91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91313 with administration code 0134A)
	(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0141A, 0142A, 0144A, 0164A)
# ● 91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP,

	spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91314 with administration code 0141A, 0142A, 0144A)
	(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A 0111A, 0112A, 0113A, 0134A, 0164A)
#91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91311 with administration codes 0111A, 0112A, 0113A)
	(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A 0134A, <u>0141A</u> , <u>0142A</u> , 0144A, 0164A)
#№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
	(Report 91316 with administration code 0164A)
	(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> , 0144A)
#91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)
	(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A 0141A, 0142A, 0144A, 0164A)
# N 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use
	(Report 91302 with administration codes 0021A, 0022A)
# ● 91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use
	(Report 91303 with administration code 0031A, 0034A)
# ● 91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use

(Report 91304 with administration codes 0041A, 0042A, 0044A)

\$\infty = 91310 \quad Severe acute respiratory syndrome coronavirus 2 (\$\infty 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, 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

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

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	1 st 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 Day 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]) 2t 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	<u>●0151A (Single</u> <u>Dose)</u> # <u>▲0154A (Beester</u> Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer- BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	1 st -dose to Additional Dose Refer to FDA/CDC Guidance <u>Booster All Dosing: Refer to</u> 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 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 (3 rd Dose) ▲ 0174A (Beoster Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer- BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	1 st Dose: Refer to FDA/CDC Guidance 2 nd Dose: Refer to FDA/CDC Guidance 3 rd Dose: Refer to FDA/CDC Guidance Booster 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	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days 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	Refer to FDA/CDC Guidance All Dosing: Refer to FDA/CDC Guidance

#● 91313	Severe acute respiratory syndrome coronavirus 2	# <u>A0134A (Booster)</u> Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19	80777-282-05 80777-0282-05	Booster Additional Dose: Refer
	(SARS-COV-2) (coronavirus disease [COVID]-19) vaccine, mRNA-LNP, spike	<u>riaditional Bood</u>	ana olaoi		Vaccine, Bivalent	00777 0202 00	to 1 57 to 50 o curuuriso
	protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use						
# ● 91314	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus	● 0141A (1st Dose) ● 0142A (2nd Dose) #▲ 0144A (Booster	6 <u>months</u> years through 11	Moderna, Inc	Moderna COVID-19 Vaccine,	80777-282-05 80777-0282-05	I st Dose to 2 nd Dose: Refer to FDA/CDC Guidance
	disease COVID-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25	Additional Dose)	years		Bivalent		2nd Dose to Additional) Dose: Refer to FDA/CDC Guidance
	mcg/0.25 mL dosage, for intramuscular use						Booster All Dosing: Refer to FDA/CDC Guidance
# №• 91311	syndrome coronavirus 2	#●0111A (1st Dose) #●0112A (2nd Dose)	6 mo through 5	Moderna, Inc	Moderna COVID-19	80777-279-05 80777-0279-05	1st Dose to 2nd Dose: 1 Month
	(SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25	#●0113A (3rd Dose)	yrs		Vaccine		2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 1 Month
	mcg/0.25 mL dosage, for intramuscular use						All Dosing: Refer to FDA/CDC Guidance
№# • 91316	S 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	<u>▲0164A Booster</u> (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	#•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
	mcg/0.5 mL dosage, for intramuscular use						All Dosing: Refer to FDA/CDC Guidance
		# <u>▲</u> 0094A (Booster	18 years	Moderna. Inc	Moderna COVID-19	80777-275-05 80777-0275-05	Booster:-Refer to FDA/CDC Guidance
		Additional Dose)	and older		Vaccine	22 32.2 33	All Dosing: Refer to FDA/CDC Guidance

# <i>w</i> 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 yrs of age and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	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	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
	protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	●0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	Booster: Refer to FDA/CDC Guidance
# <i>x</i> •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

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:

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

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

RUC Meeting Da	te (mm/yyyy)	09/2023							
Presenter(s):		Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD, Jon Hathaway, MD							
Specialty Society(ies):	AAFP, ANA, A	AP, ACOG, A	CP						
CPT Code:	0121A								
Sample Size:	0 R 6	esp N: 0							
Description of Sample:	Panel								
			Low	25 th pctl	Median*	75th pctl	<u>High</u>		
Service Perform	ance Rate								
Survey RVW:									
Pre-Service Evalu	ation Time:				0.00				
Pre-Service Positi	oning Time:				0.00				
Pre-Service Scrub	o, Dress, Wait Tir	ne:			0.00				
Intra-Service Tir	ne:				0.00				
Immediate Post	Service-Time:	0.00							
Post Operative \	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>			
Critical Care tim	e/visit(s):	0.00	99291x 0	. 00 99292	2x 0.00				
Other Hospital t	ime/visit(s):	0.00	99231x 0	. 00 99232	2x 0.00 9	9233x 0.00			
Discharge Day Mgmt: 0.00 99238x 0.00 99239x 0.00 99217x 0.00									
Office time/visit	Office time/visit(s): 0.00 99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00					0.00			
Prolonged Servi	ces:	<u>0.00</u>	99354x 0	. 00 55x 0). 00 56x 0	.00 57x 0.0	0		
Sub Obs Care:		0.00	99224x 0). 00 99225	5x 0.00 9	99226x 0.00			

^{**}Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0121A	Recommended Physi	Recommended Physician Work RVU: 0.20						
·		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time					
Pre-Service Evaluation	Pre-Service Evaluation Time:		0.00	0.00					
Pre-Service Position	ing Time:	0.00	0.00	0.00					
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00					
Intra-Service Time		7.00		<u>. </u>					

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0051A

Global XXX Work RVU 0.20

Time Source **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:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

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.

Most Recent

MPC CPT Code 2 99406

Global XXX

Work RVU Time Source 0.24

RUC Time

Medicare Utilization 387,921

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

Other Reference CPT Code

Global

Work RVU

Time Source

90470 XXX 0.20 **RUC** Time

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

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % 2nd Key TIME ESTIMATES (Median) Top Key Reference Reference **CPT Code: CPT Code: CPT Code:** 0121A 0051A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.000.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00Median Office Visit Time 0.0 0.00 0.00 Prolonged Services Time 0.0 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

Top Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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 Technical skill required	Less	<u>Identical</u>	<u>More</u>]	

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	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	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity						
Mental Effort and Judgment The number of possible diagnosis	Less	<u>Identical</u>	<u>More</u>	1		
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		J L	J [J		
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More			
Technical skill required]		
Physical effort required]		
<u>Psychological Stress</u>	Less	<u>Identical</u>	<u>More</u>			
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 						

Additional Rationale and Comments

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

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

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

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

For CPT code 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.

SERV	ICES REPORTED WI	TH MULTIPLE CPT CODES						
1.		s this code typically reported on the same date with other CPT codes? If yes, please respond to the ollowing questions: No						
	Why is the procedure	e reported using multiple codes instead of just one code? (Check all that apply.)						
	Different spe the physician Multiple code Multiple code Historical pre	d code is an add-on code or a base code expected to be reported with an add-on code. cialties work together to accomplish the procedure; each specialty codes its part of work using different codes. es allow flexibility to describe exactly what components the procedure included. es are used to maintain consistency with similar codes. eccedents. (please explain)						
2.	the CPT codes, global accounting for releva	e listing the typical scenario where this code is reported with multiple codes. Included period, work RVUs, pre, intra, and post-time for each, summing all of these data and ant multiple procedure reduction policies. If more than one physician is involved in total service, please indicate which physician is performing and reporting each CPT code						
FREQ	UENCY INFORMAT	ION						
	vas this service previous reviewed) N/A; this is a	sly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted new service						
		ur specialty perform this service? (ie. commonly, sometimes, rarely) multiple specialties, please provide information for each specialty.						
Special	lty	How often?						
Special	lty	How often?						
Special	lty	How often?						
Estima	te the number of times t	his service might be provided nationally in a one-year period? 0						

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> 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

SCITT DILL								
RUC Meeting Da	te (mm/yyyy)	09/2023						
Presenter(s):		radley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven (rug, MD, Charles Hamori, MD						
Specialty Society(ies):	AAFP, ANA, A	AP						
CPT Code:	0151A							
Sample Size:	0 R 0	esp N: 0						
Description of Sample:	Panel							
			Low	25 th pctl	Median*	75th pctl	<u>High</u>	
Service Perform	ance Rate							
Survey RVW:								
Pre-Service Evalu	ation Time:				0.00			
Pre-Service Positi	oning Time:				0.00			
Pre-Service Scrub	, Dress, Wait Tir	ne:			0.00			
Intra-Service Tin	ne:				0.00			
Immediate Post	Service-Time:	0.00						
Post Operative \	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>		
Critical Care tim	e/visit(s):	0.00	99291x 0). 00 99292	2x 0.00			
Other Hospital ti	ime/visit(s):	0.00	99231x 0	. 00 99232	2x 0.00 9	9233x 0.00		
Discharge Day N	99238x 0	.00 99239x	0.00	99217x 0.00				
Office time/visit	Office time/visit(s): 0.00 99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00					0.00		
Prolonged Servi	ces:	0.00	99354x 0). 00 55x 0). 00 56x 0	. 00 57x 0.0	0	
Sub Obs Care:		0.00	99224x 0). 00 99225	5x 0.00 9	9226x 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0151A	Recommended Physician Work RVU: 0.20		
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time):	7.00		·

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0071A

Global XXX Work RVU 0.20

Time Source **RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

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

Most Recent

MPC CPT Code 2

99406

90470

Global XXX

Work RVU Time Source

RUC Time

Medicare Utilization 387,921

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

0.24

Other Reference CPT Code

Global XXX

Work RVU

Time Source **RUC** Time

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

0.20

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0151A 0071A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 0.0 Prolonged Services Time 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

Top Key Reference Code Overall intensity/complexity	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Mental Effort and Judgment	Less	<u>Identical</u>	<u>More</u>	1	
 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 Technical skill required	Less	Identical	<u>More</u>]	

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	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	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity						
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 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]		
<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 						

Additional Rationale and Comments

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

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

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

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

For CPT code 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.

SERVI	CES REPORTED WIT	TH 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.)						
	Different specthe physician Multiple codes Multiple codes Historical pred	code is an add-on code or a base code expected to be reported with an add-on code. ialties work together to accomplish the procedure; each specialty codes its part of work using different codes. It is allow flexibility to describe exactly what components the procedure included. It is are used to maintain consistency with similar codes. It is cedents. It is appropriately appropr						
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.							
FREQ	UENCY INFORMATIO	ON						
	ras this service previously reviewed) N/A; this is a	ly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted new service						
		r specialty perform this service? (ie. commonly, sometimes, rarely) nultiple specialties, please provide information for each specialty.						
Special	ty	How often?						
Special	ty	How often?						
Special	ty	How often?						

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

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

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> 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

RUC Meeting Da	te (mm/yyyy)	09/2023					
Presenter(s):		radley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven rug, MD, Charles Hamori, MD					
Specialty Society(ies):	AAFP, ANA, A	AAFP, ANA, AAP, ACP					
CPT Code:	0171A	D171A					
Sample Size:	0 Re	0 Resp N: 0					
Description of Sample:	Panel	Panel					
			Low	25 th pctl	Median*	75th pctl	<u>High</u>
Service Perform	ance Rate						
Survey RVW:							
Pre-Service Evalu	ation Time:				0.00		
Pre-Service Positi	oning Time:				0.00		
Pre-Service Scrub	, Dress, Wait Tin	ne:			0.00		
Intra-Service Tir	ne:				0.00		
Immediate Post	Service-Time:	0.00		•			
Post Operative \	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care tim	e/visit(s):	0.00	99291x 0	. 00 99292	2x 0.00		
Other Hospital t	ime/visit(s):	0.00	<u>00</u> 99231x 0.00 99232x 0.00 99233x 0.00				
Discharge Day M	/lgmt:	0.00	99238x 0	.00 99239x	0.00	99217x 0.00	
Office time/visit	(s):	0.00	99211x 0	.00 12x 0.0	0 13x 0.00 1	4x 0.00 15x 0	0.00
Prolonged Servi	ces:	0.00	99354x 0	0. 00 55x 0	0.00 56x 0	. 00 57x 0.0	0
Sub Obs Care:		0.00	99224x 0). 00 99225	5x 0.00 9	9226x 0.00	

^{**}Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0171A	Recommended Physi	Recommended Physician Work RVU: 0.20					
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time				
Pre-Service Evalua	ation Time:	0.00	0.00	0.00				
Pre-Service Position	oning Time:	0.00	0.00	0.00				
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00				
Intra-Service Tim	ne:	7.00						

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0081A

Global XXX Work RVU 0.20

Time Source **RUC Time**

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

99211

99406

Global Work RVU XXX

0.18

Time Source **RUC Time** Medicare Utilization 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.

Most Recent

MPC CPT Code 2

Global XXX

Work RVU Time Source

RUC Time

Medicare Utilization 387,921

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

0.24

Other Reference CPT Code

Global XXX

Work RVU

Time Source **RUC** Time

90470 0.20 CPT Descriptor H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

[SUNSET]

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0081A 0171A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 0.0 Prolonged Services Time 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

Top Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
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	<u>Identical</u>	More		
Technical skill required					

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 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	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity						
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 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	<u>Less</u>	Identical	More			
Technical skill required]		
Physical effort required						
<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>			
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 						

Additional Rationale and Comments

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

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

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

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

For CPT code 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, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose, with 0.20 wRVUs and 7 minutes intraservice time.

SERVI	ICES REPORTED W	ITH 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	e reported using multiple codes instead of just one code? (Check all that apply.)						
	Different spe the physician Multiple code Multiple code Historical pre	d code is an add-on code or a base code expected to be reported with an add-on code. cialties work together to accomplish the procedure; each specialty codes its part of a work using different codes. es allow flexibility to describe exactly what components the procedure included. es are used to maintain consistency with similar codes. eccedents. (please explain)						
2.	the CPT codes, globa accounting for releva	e listing the typical scenario where this code is reported with multiple codes. Include l period, work RVUs, pre, intra, and post-time for each, summing all of these data and ant multiple procedure reduction policies. If more than one physician is involved in total service, please indicate which physician is performing and reporting each CPT code						
FREQ	UENCY INFORMAT	ION						
	vas this service previou reviewed) N/A; this is a	sly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted 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.								
Special	lty	How often?						
Special	lty	How often?						
Special	lty	How often?						

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

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

Specialty Frequency 0 Percentage 0.00 %

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

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> 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

RUC Meeting Da	te (mm/yyyy)	09/2023						
Presenter(s):		Bradley Fox, MD; Korinne Van Keuren, DNP, MS, RN; Suzanne Berman, MD; Steven Krug, MD, Charles Hamori, MD						
Specialty Society(ies):	AAFP, ANA, A	AAFP, ANA, AAP, ACP						
CPT Code:	0172A	0172A						
Sample Size:	0 R 6	esp N: 0						
Description of Sample:	Panel	Panel						
			Low	25 th pctl	Median*	75th pctl	<u>High</u>	
Service Performance Rate								
Survey RVW:								
Pre-Service Evalu	ation Time:				0.00			
Pre-Service Positi	oning Time:				0.00			
Pre-Service Scrub	, Dress, Wait Tir	ne:			0.00			
Intra-Service Tin	ne:				0.00			
Immediate Post	Service-Time:	0.00						
Post Operative \	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>		
Critical Care tim	e/visit(s):	0.00	99291x 0	. 00 99292	2x 0.00			
Other Hospital t	ime/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00					
Discharge Day N	/lgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00					
Office time/visit	(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00					
Prolonged Servi	ces:	0.00	99354x 0	0. 00 55x 0	0.00 56x 0	.00 57x 0.0	0	
Sub Obs Care:		0.00	99224x 0	.00 99225	5x 0.00 9	9226x 0.00		

^{**}Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0172A	Recommended Physi	Recommended Physician Work RVU: 0.20					
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time				
Pre-Service Evaluati	on Time:	0.00	0.00	0.00				
Pre-Service Position	ing Time:	0.00	0.00	0.00				
Pre-Service Scrub, D	Press, Wait Time:	0.00	0.00	0.00				
Intra-Service Time	:	7.00		<u>. </u>				

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0082A

Global XXX Work RVU 0.20

Time Source **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:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

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

Most Recent

MPC CPT Code 2

99406

90470

Global XXX

Work RVU Time Source 0.24

RUC Time

Medicare Utilization 387,921

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

Other Reference CPT Code

Global XXX

Work RVU 0.20

Time Source **RUC** Time

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

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0172A 0082A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 Prolonged Services Time 0.0 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

, 1		, ,			
Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
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	<u>Identical</u>	More		
Technical skill required]	

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	<u>Less</u>	Identical	More		
Technical skill required					
Physical effort required]	
<u>Psychological Stress</u>	Less	<u>Identical</u>	More		
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 					

Additional Rationale and Comments

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

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

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

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

For CPT code 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.

SERVI	CES REPORT	TED 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.)							
	Differ the ph Multip Multip Histon	arveyed code is an add-on code or a base code expected to be reported with an add-on code. ent specialties work together to accomplish the procedure; each specialty codes its part of aysician work using different codes. ole codes allow flexibility to describe exactly what components the procedure included. ole codes are used to maintain consistency with similar codes. rical precedents. 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.							
FREQ	UENCY INFO	RMATION						
		previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted this is a new service						
How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely) If the recommendation is from multiple specialties, please provide information for each specialty.								
Specialty		How often?						
Special	ty	How often?						
Special	ty	How often?						
г.,								

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

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

Specialty

Frequency 0

Percentage 0.00 %

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

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> 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

RUC Meeting Da	JC Meeting Date (mm/yyyy) 09/2023						
Presenter(s):		MD; Korinne V arles Hamori,		n, DNP, MS,	RN; Suzann	e Berman, MI); Steven
Specialty Society(ies):	AAFP, ANA, A	AFP, ANA, AAP, ACP					
CPT Code:	0141A	141A					
Sample Size:	0 R	Resp N: 0					
Description of Sample:	Panel	Panel					
			Low	25 th pctl	Median*	75th pctl	<u>High</u>
Service Perform	ance Rate						
Survey RVW:							
Pre-Service Evaluation Time:					0.00		
Pre-Service Positi	Pre-Service Positioning Time:				0.00		
Pre-Service Scrub	, Dress, Wait Ti	me:			0.00		
Intra-Service Tin	ne:				0.00		
Immediate Post	Service-Time:	0.00		•	•	-	
Post Operative \	/isits	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
			99291x 0	0.00 99292	2x 0.00		
Other Hospital ti	ime/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00				
Discharge Day N	/lgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00				
Office time/visit	(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00				
Prolonged Servi	ces:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00				
Sub Obs Care:		0.00	99224x 0	0.00 99225	5x 0.00 9	9226x 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0141A	Recommended Physi	Recommended Physician Work RVU: 0.20				
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evaluation Time:		0.00	0.00	0.00			
Pre-Service Positioning Time:		0.00	0.00	0.00			
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00			
Intra-Service Time:		7.00		<u>. </u>			

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0111A

Global XXX Work RVU 0.20

Time Source **RUC Time**

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

99211

99406

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

Most Recent

MPC CPT Code 2

Global XXX

Work RVU Time Source 0.24

RUC Time

Medicare Utilization 387,921

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

Other Reference CPT Code

Global

Work RVU

Time Source

90470 XXX 0.20 **RUC** Time

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

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0111A 0141A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 Prolonged Services Time 0.0 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

		, ,			
Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	<u>Identical</u>	More		
Technical skill required]	

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	Less	<u>Identical</u>	<u>More</u>		
 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	<u>Less</u>	Identical	More		
Technical skill required					
Physical effort required]	
<u>Psychological Stress</u>	Less	<u>Identical</u>	<u>More</u>		
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 					

Additional Rationale and Comments

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

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

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

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

For CPT code 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.

SERV	TCES REPORTED WIT	TH MULTIPLE CPT CODES
1.	Is this code typically r following questions: N	reported on the same date with other CPT codes? If yes, please respond to the
	Why is the procedure	reported using multiple codes instead of just one code? (Check all that apply.)
	Different specthe physician Multiple codes Historical pred	code is an add-on code or a base code expected to be reported with an add-on code. ialties work together to accomplish the procedure; each specialty codes its part of work using different codes. It is allow flexibility to describe exactly what components the procedure included. It is are used to maintain consistency with similar codes. It is codes. It is also given by the code is a code in the procedure included. It is a code in the code in the code is a code in the code is a code in the code in the code in the code is a code in the code in the code in the code in the code is a code in the code in
2.	Please provide a table the CPT codes, global accounting for relevan	elisting the typical scenario where this code is reported with multiple codes. Include period, work RVUs, pre, intra, and post-time for each, summing all of these data and nt multiple procedure reduction policies. If more than one physician is involved in otal service, please indicate which physician is performing and reporting each CPT code
FREÇ	QUENCY INFORMATION	ON
	was this service previous reviewed) N/A; this is a	ly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted new service
		r specialty perform this service? (ie. commonly, sometimes, rarely) multiple specialties, please provide information for each specialty.
Specia	ilty	How often?
Specia	ılty	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

How often?

Specialty

Frequency 0

Percentage 0.00 %

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

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> 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

SCITT BILL										
RUC Meeting Da	RUC Meeting Date (mm/yyyy) 09/2023									
Presenter(s):	Bradley Fox, M Krug, MD, Cha			n, DNP, MS,	RN; Suzann	e Berman, MI); Steven			
Specialty Society(ies):	AAFP, ANA, A	AP, ACP								
CPT Code:	0142A									
Sample Size:	0 R 0	esp N: 0								
Description of Sample:	Panel									
			Low	25 th pctl	Median*	75th pctl	<u>High</u>			
Service Perform	ance Rate									
Survey RVW:										
Pre-Service Evalu	ation Time:				0.00					
Pre-Service Positi	oning Time:				0.00					
Pre-Service Scrub	, Dress, Wait Tir	ne:			0.00					
Intra-Service Tin	ne:				0.00					
Immediate Post	Service-Time:	0.00								
Post Operative \	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>				
Critical Care tim	e/visit(s):	0.00	99291x 0	. 00 99292	2x 0.00					
Other Hospital t	ime/visit(s):	0.00	99231x 0	. 00 99232	2x 0.00 99	9233x 0.00				
Discharge Day N	/lgmt:	0.00	99238x 0	. 00 99239x	0.00	99217x 0.00				
Office time/visit	(s):	0.00	99211x 0	.00 12x 0.0	0 13x 0.00 1	4x 0.00 15x 0	0.00			
Prolonged Servi	ces:	0.00	99354x 0). 00 55x 0). 00 56x 0	. 00 57x 0.0	0			
Sub Obs Care:		0.00	99224x 0). 00 99225	5x 0.00 9	9226x 0.00				

^{**}Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	0142A	Recommended Physi	Recommended Physician Work RVU: 0.20									
Specialty Recommended Pre- Service Time Specialty Recommended Pre Time Package Adjustments/Recommended Pre-Service												
Pre-Service Evalua	ation Time:	0.00	0.00	0.00								
Pre-Service Position	oning Time:	0.00	0.00	0.00								
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00								
Intra-Service Tim	ne:	7.00		1								

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 0112A

Global XXX Work RVU 0.20

Time Source **RUC Time**

CPT Descriptor Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code

Global

Work RVU

Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:

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

Most Recent

MPC CPT Code 1

99211

99406

90470

Global Work RVU XXX

0.18

Time Source **RUC Time** Medicare Utilization 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

Most Recent

MPC CPT Code 2

Global XXX

Work RVU Time Source

RUC Time

Medicare Utilization 387,921

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

0.24

Other Reference CPT Code

Global XXX

Work RVU 0.20

Time Source **RUC** Time

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

[SUNSET]

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

Number of respondents who choose Top Key Reference Code: 0 % of respondents: 0.0 % Number of respondents who choose 2nd Key Reference Code: % of respondents: 0.0 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 0142A 0112A Median Pre-Service Time 0.00 0.00 0.00 7.00 Median Intra-Service Time 7.00 0.00 Median Immediate Post-service Time 0.000.000.00Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.000.00 0.00 0.00 Median Office Visit Time 0.0 Prolonged Services Time 0.0 0.00 0.00 0.0 0.00Median Subsequent Observation Care Time 0.00**Median Total Time** 7.00 7.00 0.00Other time if appropriate

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Physical effort required

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

Top Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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]	

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>		
 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	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity					
Mental Effort and Judgment	Less	<u>Identical</u>	<u>More</u>		
 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	<u>Less</u>	Identical	More		
Technical skill required					
Physical effort required]	
<u>Psychological Stress</u>	Less	<u>Identical</u>	<u>More</u>		
 The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 					

Additional Rationale and Comments

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

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

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

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

For CPT code 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.

SERVI	SERVICES REPORTED WITH MULTIPLE CPT CODES										
1.	Is this code typically r following questions: N	reported on the same date with other CPT codes? If yes, please respond to the									
	Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)										
	Different specture the physician Multiple code Multiple code Historical pre	The surveyed code is an add-on code or a base code expected to be reported with an add-on cod 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.										
FREQ	UENCY INFORMATION	ON									
	vas this service previous reviewed) N/A; this is a	ly reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted new service									
	ow often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely) the recommendation is from multiple specialties, please provide information for each specialty.										
Special	lty	How often?									
Special	ty	How often?									
Special	ty	How often?									

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

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

Specialty

Frequency 0

Percentage 0.00 %

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

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

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

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

	Α	В	С	D	E	F	G	Н	l J	K	L M	N	O P Q	R S	Т	UV	W	
13	ISSUE:	COVID-19	Immuniz	zation Administration Mode	rna and Pfizer Ad	ditional D	oses											
14	TAB:			T								1						
15								Work Per		RVW		Total	PRE-TIME	INTRA-TIME		IME	IMMD	
16	Source	СРТ	Global	DESC	Manufacturer	Dose	IWPUT	Unit Time	MIN 25th	MED	75th MAX	Time	EVAL POSIT SDW	MIN 25th	MED	75th MAX	POST	
17	1st REF RUC REC 2009	90460	xxx	Immunization administration through 18 years of age via any route of administration, with			0.029	0.029		0.20		7			7			
18	2021 CMS	90460	xxx	Immunization administration through 18 years of age via any 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	ххх	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	Pfizer Tris-Sucrose	1st Dose	0.029	0.029		0.20		7			7			
35	October 2021 RUC	0052A	XXX	acute respiratory syndrome 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

П	Α	В	С	D	E	F	G	Н	1	J	K	LI	М	N	0	Р	Q	R	S	Т	UV	W
15											RVW			Total		RE-TIM			INTE			IMMD
16	Source	СРТ	Global	DESC	Manufacturer	Dose	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	МАХ	Time		POSIT		MIN			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	ХХХ	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	ххх	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	Feburary 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	Feburary 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

	Α	В	С	D	Е	F	G	Н	ı	J	K	L	М	N	0	Р	Q	R	S	Т	U	V	W
15											RVW			Total	PF	RE-TIN	ſΕ		INT	RA-T	IME	IN	ИMD
10		0.0.7		DESC		_		Work Per															
16	Source	CPT	Global	DESC	Manufacturer	Dose	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th M	IAX P	JST
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)

Meeting Date: September 2023

CPT		Global
Code	Long Descriptor	Period
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, trissucrose 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)*):

CPT Code	Vignette
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.

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

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	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 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, trissucrose 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 does) as our crosswalk code.

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

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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).

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

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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 0142Aand 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

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

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) 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.

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

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) 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 then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

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

While *identify and contact appropriate patients and schedule immunization* was originally assigned to Row 26 NEW, it was subsequently moved to CA005 during the December 2020 RUC review. This is required by the CDC and local public health as the first, third, and booster doses of the COVID-19 vaccine will be delivered in tiers (2 minutes).

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

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

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

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

No, we are not recommending a PE supply pack.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if

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available). See documents two and three under PE reference materials on the <u>RUC Collaboration</u> 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, wdata logger sngl glass door (\$7,674.43)
- 21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

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

N/A

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

Formula: Default

Refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST

certificates (ED043)

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

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)

	,
PROFE	ESSIONAL LIABILITY INSURANCE (PLI) INFORMATION
24. <u>If th</u>	nis is a PE only code please select a crosswalk based on a similar specialty mix:
N/	'A
ADDIT	TIONAL INFORMATION
	here is any other item(s) on your spreadsheet not covered in the categories above that requires ater detail/explanation, please include here:
N/	'A
NOTE:	ZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING) The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must updated after the meeting and resubmitted asap.
the sum submit t immedia modific	and immediately following the review of this tab at the PE Subcommittee meeting, please revise mary of recommendation (PE SOR) based on modifications made during the meeting. Please the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org ately following the close of business. In addition, please also provide an itemized list of the rations made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. activity CA010 obtain vital signs was reduced from 5 minutes to 3 minutes).

	Α	В	D	E	F	G	Н			K		М	N
1		ice Expense Spreadsheet	Ь		'		ICE CODE	REFEREN	ICE CODE	K		IVI	IN
2							460		072		01A		02A
3	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	administra 18 years of route of ad with cour physicial qualified I profession only comeach vacci	2009 nization icon through age via any ministration, seeling by o or other nealth care nal; first or ponent of ne or toxoid istered	Additional materials, staff time above the included in visit or of facility service performe Public Emergency by law respiratory:	2020 I supplies, and clinical over and see usually n an office ther non-ice(s), when d during a Health , as defined due to transmitted s disease	adminisintramuscu of seve respiratory coronaviru CoV-2) (C) disease [C) vaccine, m spike preservati mcg/0.3m diluent rec	nization tration by diar injection re acute / syndrome s 2 (SARS) (SOVID-19) (SRNA-LNP, protein, ve free, 30 L. dosage, constituted; dose	administ intramuscu of seve respiratory coronaviru CoV-2) (C disease [C vaccine, m spike p preservati mcg/0.3m diluent rec	nization tration by lar injection re acute syndrome \$2 (SARS- toronavirus (OVID-19)) (RNA-LNP, protein, we free, 30 LL dosage, constituted; d dose
-										Pfizer 1	Ist Dose	Pfizer 2	nd 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 TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	1.0 16.0	0.0	3.0 8.0	0.0	4.0 30.0	0.0	2.0 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		1	I	\$ 8.19	\$ 0.46	\$ 5.01	\$ -	\$ 15.82	\$ -	\$ 14.29	\$ -
14		PRE-SERVICE PERIOD											
15 16	CA001	Start: Following visit when decision for surgery/procedure made 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 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455			3		2		0	
21	CA006 CA007	Confirm availability of prior images/studies	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
23	CA007	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	L037D	RN/LPN/MTA	0.455					1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS	L037D	RN/LPN/MTA	0.455	1							
		Other activity: please include short clinical description here	L037D	RN/LPN/MTA	0.455								
28		and type new in column A End: When patient enters office/facility for surgery/procedure	2007.5	11.02.10.0.17	0.100								
30		SERVICE PERIOD		l									
31 32		Start: When patient enters office/facility for surgery/procedure:											
33	CA009	Pre-Service (of service period) Green patients, provide gowining, ensure appropriate medical	L037D	RN/LPN/MTA	0.455					3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455	3		1		3		3	
36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	3				1		1	
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455			2		2		2	
38 39	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, ser-up and start try, influen positioning and monitoring or	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
40	CA016		L037D	RN/LPN/MTA	0.455								
41 46	CA017	Sedate/apply anesthesia Intra-service (of service period) Assist physiciant or other qualinea meanincare professionar	L037D	RN/LPN/MTA	0.455								
47	CA018 CA019	Assist physician or other qualified fleatificate professional Assist physician or other qualified fleatificate professional	L037D	RN/LPN/MTA	0.455								
48 49	CA019	Assist priysicial for biner qualined freal(fical e proressional	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
50	CA021	Fendini procedure/servicenó f urrectily refáteu to physician	L037D	RN/LPN/MTA	0.455	4				4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS	L037D	RN/LPN/MTA	0.455	1							
57 58	CA022	Post-Service (of service period) Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.455					4		4	
59	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.455								
60 61	CA024 CA025	Clean room/equipment by clinical staff Clean scope	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	1		5		3		3	
62	CA026	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.455								
63 64	CA027 CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
65	CA029	Check dressings, catheters, wounds recliniologist QC's images in PACS, checking for air images,	L037D	RN/LPN/MTA	0.455								
66 67	CA030 CA031	Review examination with interpreting MD/DO Scari exam documents into PACS. Complete examining in the PACS.	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
68	CA032	Scarrexamination with micracis. Complete examining the second of the sec	L037D	RN/LPN/MTA	0.455								
69 70	CA033 CA034	Dobathen procedure (non-ACS) (e.g. manuated reporting,	L026A L037D	RN/LPN/MTA	0.31 0.455					7		5 3	
71	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455	1-		1-					
72	CA036 OLD	Discharce dav manacement 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 L037D	RN/LPN/MTA	0.455	n/a 3		n/a		n/a		n/a	
76	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.	L037D	RN/LPN/MTA	0.455	4							
77 78		End: Patient leaves office/facility POST-SERVICE PERIOD	L037D	RN/LPN/MTA	0.455								
79	0:	Start: Patient leaves office/facility	,	D14								_	_
80	CA037 CA038	Conduct patient communications Coordinate post-procedure services	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	1	1			3	0	3	0
82		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes 99212 27 minutes	16 27										
85		99213 36 minutes	36										
86 87		99214 53 minutes 99215 63 minutes	53 63										
88	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
89 92		Other activity, prease include short clinical description here	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455								
95		End: with last office visit before end of global period	20010	v.c. IVIVIIA	0. 100								

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1	PLIC Proc	tice Expense Spreadsheet	U	E .	-		ICE CODE	DECEDEN	ICE CODE	N.	L	IVI	IN
2	NOC Flaci	Lice Expense Opreausneer					460		072	000	11Δ	00	02A
3		RUC Collaboration Website				October			2020		nization		nization
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Prizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Immur administra 18 years of route of ad with cour physicial qualified I professio only com each vacci	zous izization through age via any ministration, age via any ministration, sseling by n or other lealth care health care health care nail; first or ponent of ne or toxoid istered	Additiona materials, staff time above the included it visit or of facility serv performe Public Emergency by law respiratory:	I supplies, and clinical over and se usually n an office ther non- ice(s), when d during a Health	administ intramuscul of sever respiratory coronavirus CoV-2) (C disease [C vaccine, m spike p	ration by lar injection re acute syndrome s 2 (SARS- oronavirus COVID-19]) RNA-LNP, orotein, we free, 30 L dosage, constituted;	administintramuscu of seve respiratory coronaviru CoV-2) (C disease [C vaccine, m spike preservati mcg/0.3m diluent rec	ration by lar injection re acute syndrome s 2 (SARS-toronavirus COVID-19) (RNA-LNP, protein, we free, 30 l.L dosage, constituted; d dose
5										Pfizer 1			nd Dose
6		LOCATION		ļ	ļ	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND			ļ	XXX		XXX		XXX		XXX	
8		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 12		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	0 1	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
96	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
97		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 1.15	\$ -	\$ 2.29	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033	mask, surgical	0.43	item				3		0		0	
99 100	SC058 SJ053	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item item		2				0		0	
100	SB022	swab-pad, alcohol gloves, non-sterile	0.04	pair		0.5				1.0		1.0	
101	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1				1		1	
103	SK057	paper, laser printing (each sheet)	0.02	item		1				3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	1	computed per patient				1		0		0	
106	Equipmen t Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.16	\$ -	\$ -	\$ -	\$ 1.65	\$ -	\$ 1.49	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	1000		0.00265373	16				37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock	2672.233		0.00709138	16							
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.02036584					3		2	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft	16,516.36	Default	0.0438299					34		31	
114						1		1					
115 116													
117													
118													
119													
120													
121													
123													
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126													
128													
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	Α	В	0	Р	Q	R	S	T	U	V	W	Х
1	RUC Pract	ice Expense Spreadsheet										
3		RUC Collaboration Website		11A nization		12A nization		21A nization		22A nization		31A nization
Ť		NOC COMBOURION WEDSILE	administ	tration by	administ	tration by	administ	ration by	administ	tration by	administ	tration by
				lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute
			respiratory	syndrome	respiratory	/ syndrome	respiratory	syndrome	respiratory	syndrome	respiratory	/ syndrome
				s 2 (SARS- coronavirus	CoV-2) (C	s 2 (SARS- coronavirus	coronavirus CoV-2) (c	oronavirus		s 2 (SARS- oronavirus		s 2 (SARS- oronavirus
		Meeting Date: September 2023	disease [C	OVID-19]) RNA-LNP,		COVID-19]) RNA-LNP,	disease [C	OVID-19]) NA, spike		OVID-19]) DNA, spike	disease [C	OVID-19]) DNA, spike
	Clinical Activity	Revision Date (if applicable):	spike p	orotein,	spike į	protein,	protein, ch	nimpanzee	protein, ch	nimpanzee	protein, a	denovirus
	Code	COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG		re free, 100 L dosage;		ve free, 100 nL dosage;	adenoviru (ChAdOx	s Oxford 1 1) vector,		s Oxford 1 (1) vector,		d26) vector, tive free,
			first			d dose	preserva	tive free,	preserva	itive free,	5x10	¹⁰ viral
								⁰ viral s/0.5mL		oviral s/0.5mL		s/0.5mL single dose
							dosage;	first dose	dosage; se	econd dose		
1												
H												
5			Moderna	1st Dose	Moderna	2nd Dose	AstraZeneo	a 1st Dose	AstraZeneo	a 2nd Dose	Janssen S	ingle Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.44	\$ -
9		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	37.0 4.0	0.0	33.0 2.0	0.0	37.0 4.0	0.0	33.0 2.0	0.0	37.0 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 TOTAL COST OF CLINICAL STAFF TIME x RATE PER	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		MINUTE	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 15.82	\$ -
14		PRE-SERVICE PERIOD Start: Following visit when decision for surgery/procedure made										
16	CA001	Complete pre-service diagnostic and referral forms	1		1		1		1		1	
17 18	CA002 CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent										
20	CA005 CA006	Complete pre-procedure phone calls and prescription Confirm availability of prior images/studies	2		0		2		0		2	
22	CA007	Review patient clinical extant information and questionnaire Perform regulatory mandated guality assurance activity (pre-	1		1		1		1		1	
	CA008 OLD	Prepare patient chart with appropriate CDC VIS					- '					
27	OLD	Other activity: please include short clinical description here										
28		and type new in column A										
29 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CA009	Pre-Service (of service period) Green patients, provide gowning, ensure appropriate medical	3		3		3		3		3	
34	CA010	Obtain vital signs Provide education/obtain consent	3		3		3		3		3	
36	CA011 CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013 CA014	Prepare room, equipment and supplies Confirm order, protocol exam	2		2		2		2		2	
39	CA015	Setup scope (nonfacility setting only) Prepare, set-up and start iv, initial positioning and monitoring or										
40	CA016 CA017	Sedate/apply anesthesia										
46		Intra-service (of service period)										
47 48	CA018 CA019	Assist physician or burier qualined frear(1/08)* professional										
49	CA020	Assist physicial for burier qualified freathfically professional	4									
50	CA021 OLD	Provide patient/parent with appropriate CDC VIS	4		4		4		4		4	
55 57	OLD	Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026 CA027	Clean surgical instrument package										
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports										
66	CA030	Check dressings, catheters, wounds										
67 68	CA031 CA032	Review examination with interpreting MD/DO Scarrexam documents into PACS. Complete examin KIS										
69	CA033	Performit regulatory imanuated quantly assurance activity (service Document procedure (noninaco) (e.g. manuated reporting,	7		5		7		5		7	
70	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3		3	
72	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of										
	OLD	administration, and date of VIS as required by federal law. A										
75		final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.										
		Clinical staff enters data into the state online immunization										
	OLD	information system (IIS) (registry) and maintains the vaccine										
76 77		refrigerator/freezer temperature log. End: Patient leaves office/facility										
78		POST-SERVICE PERIOD										
79 80	CA037	Start: Patient leaves office/facility 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 99211 16 minutes	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
84		99212 27 minutes										
85 86		99213 36 minutes 99214 53 minutes										
87 88	CA039	99215 63 minutes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89	CMU39	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
92 95		End: with last office visit before end of global period										
33		End. with ast office visit before end of global period										

	Δ	В	0	р	0	R	ς	Т	U	V	W	Χ
1	RUC Pract	ice Expense Spreadsheet		·	٧				Ü		,,	,
2			00	11A	00	12A	002	21A	00:	22A	000	31A
3		RUC Collaboration Website	Immur	ization	Immur	nization	Immun	ization	Immur	nization	Immur	ization
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	administintramuscu of Seve respiratory coronavirus CoV-2) (C disease [C vaccine, m spike p preservativ mcg/0.5m	ration by lar injection re acute re acute syndrome s 2 (SARS-oronavirus COVID-19) RNA-LNP, orotein, e free, 100 L dosage; dose	administ intramuscu of Seve respiratory coronavirus CoV-2) (C disease [C vaccine, m spike p preservativ mcg/0.5m	tration by lar injection re acute syndrome	administ intramuscu of sever respiratory coronavirus CoV-2) (or disease [C vaccine, C protein, chadenovirus (ChAdOx) preserva 5x10 ¹ particles dosage;	ration by lar injection re acute syndrome is 2 (SARS-pronavirus OVID-19)) NA, spike impanzee is Oxford 1 1) vector, tive free, viral is/0.5mL	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, E protein, cl adenoviru (ChAdOx preserva 5x10 particle	tration by llar injection re acute re syndrome s 2 (SARS-oronavirus COVID-19)) NNA, spike himpanzee s Oxford 1 (1)) vector, titive free, 10 viral s/0.5mL econd dose	administ intramuscu of seve respiratory coronavirus CoV-2) (c disease [C vaccine, E protein, a type 26 (Ac preserva 5x10 particle:	ration by lar injection re acute syndrome s 2 (SARS- covID-19]) NNA, spike denovirus i26) vector, tive free,
5				1st Dose		2nd Dose		a 1st Dose		a 2nd Dose		_
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.44	\$ -
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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	30.0	0.0	28.0 3.0	0.0	30.0 3.0	0.0
96	Supply Code	MEDICAL SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033 SC058	mask, surgical 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 NEW	paper, laser printing (each sheet) Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipmen t Code	EQUIPMENT										
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.85	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33		37		33		37	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		37		33		37	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114												
116												
117												
118 119												
120												
121												
122												
123 124												
124												
126												
127												
128												

	Α	В	Υ	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Pract	ice Expense Spreadsheet	00	14.0	00	404	000	224	00	10.4	00	244
3		RUC Collaboration Website		11A nization		42A nization		03A nization		13A nization		04A nization
Ť		NOC COMBOURION WEDSILE	administ	ration by	administ	ration by	administ	ration by	administ	tration by	administ	tration by
				lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute
			respiratory	syndrome	respiratory	syndrome	respiratory	syndrome	respiratory	syndrome	respiratory	syndrome
			coronavirus CoV-2) (c			s 2 (SARS- oronavirus		s 2 (SARS- oronavirus		s 2 (SARS- coronavirus	CoV-2) (c	s 2 (SARS- oronavirus
		Martina Data Cantanahan 2002	disease [C	OVID-19]) ecombinant	disease [C	COVID-19]) ecombinant		OVID-19])	disease [C	OVID-19]) RNA-LNP,		OVID-19]) IRNA-LNP,
	Clinical Activity	Meeting Date: September 2023 Revision Date (if applicable):		protein		protein		orotein,		orotein,		orotein,
	Code	COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	nanoparticl based a	e, saponin-		le, saponin- idjuvant,		ve free, 30 L dosage,		ve free, 100 L dosage;		ve free, 30 nL dosage,
		Specialities. AAFF, ANA, AAF, ACF, ACOG	preservat	ive free, 5		ive free, 5	diluent rec	onstituted;		dose		constituted;
			mcg/0.5m first			L dosage; d dose	third	dose			booste	er dose
				3000	000011	u u000						
4												
			Novavax	1st Dose	Novavax	2nd Dose	Pfizer 3	rd Dose	Moderna	3rd Dose	Pfizer I	Booster
5		LOCATION	Non For	F06.	Non For	F:::	Non For	F06.	Non For	F:::	Non For	F34.
6 7		LOCATION GLOBAL PERIOD	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.55	\$ -	\$ 16.78	\$ -	\$ 17.55	\$ -
8		EQUIPMENT TIME 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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 15.20	\$ -	\$ 15.20	s -	\$ 15.20	\$ -
13		MINUTE PRE-SERVICE PERIOD	¥ 10.02	<u> </u>	Ų 1→.∠9		Ų 10.20	<u> </u>	Ų 10.ZU		Ų 10.20	
15		Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Schedule space and equipment in facility										
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		2	
21	CA006	Confirm availability of prior images/studies										
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS									-	
21		Other activity: please include short clinical description here										
28 29		and type new in column A										
30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35 36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	3 1		3 1		3 1		3 1		3 1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2	
38	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or										
40	CA016 CA017											
46	CAUT	Sedate/apply anesthesia Intra-service (of service period) Assist physiciarror other qualinear nearincare professionar				l				l		l
47 48	CA018 CA019	Assist physician or other qualified fleatificate professional										
49	CA020	Assist prysidalt or biner quained near 626 professionar										
50	CA021		4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
57	CA022	Post-Service (of service period) Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking			•		2		•		•	
60	CA024 CA025	Clean room/equipment by clinical staff Clean scope	3		3		3		3		3	
62	CA026	Clean surgical instrument package compiete post-procedure diagnostic romis, iab and x-ray										
63	CA027 CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds										
66 67	CA030 CA031	Review examination with interpreting MD/DO										
68	CA032 CA033	Perform regulatory imanualed quality assurance activity (service	7		5		5		5		5	
69 70	CA034	Boduthenic procedure (non-ACS) (e.g. manualed reporting,	3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a	_	n/a		n/a	_	n/a	
16	CAUSU	Clinical staff enters vaccine information into the patient medical	IVd		ivd		IVd		ivd		ivd	
	OLD	record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A										
	OLD	final check of the patient is done to confirm that there are no										
75		serious immediate reactions and final questions are answered.										
	OLD	Clinical staff enters data into the state online immunization										
76	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78 79		POST-SERVICE PERIOD										
80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81 82	CA038	Coordinate post-procedure services Office visits: List Number and Level of Office Visits	# visits	# vioito	# visits	# vioito	# visits	# vioito	# visits	# vioito	# visits	# vioito
83		99211 16 minutes	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits
84 85		99212 27 minutes 99213 36 minutes										
86		99214 53 minutes										
87 88	CA039	99215 63 minutes 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	UN005	1 Ost-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92 95		End: with last office visit before end of global period										
23		End. with dat office viait before end of global period										

	Α	В	Υ	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Pract	ice Expense Spreadsheet										
2			004			42A)3A		13A		04A
3	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Prizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	intramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, re spike nanoparticl based a preservat mcg/0.5m	ration by lar injection re acute syndrome s 2 (SARS- oronavirus COVID-19]) ecombinant protein le, saponin-	administ intramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, respike nanopartici based a preservat mcg/0.5m	nization ration by lar injection re acute syndrome s 2 (SARS- soronavirus (OVID-19)) ecombinant protein le, saponin- dijuvant, ive free, 5 bl. dosage; d dose	administ intramuscu of sever respiratory coronavirus CoV-2) (C disease [C vaccine, m spike p preservatir mcg/0.3m	oronavirus (OVID-19]) RNA-LNP, protein, ve free, 30 L dosage, constituted;	adminisintramuscu of Severespiratory coronaviru CoV-2) (C) disease [C) vaccine, m spike i preservatin mcg/0.5m	nization ration by lair injection re acute rsyndrome s 2 (SARS- coronavirus IOVID-19]) IRNA-LNP, protein, re free, 100 l. dosage; dose	administintramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, m spike p preservati mcg/0.3 m diluent rec	nization tration by lar injection by lar injection re acute / syndrome s 2 (SARS-oronavirus COVID-19)) (RNA-LNP, protein, ve free, 30 nL dosage, constituted; er dose
5			Novavax			2nd Dose		rd Dose		3rd Dose		Booster
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.44	\$ -	XXX \$ 15.82	\$ -	XXX \$ 17.55	\$ -	XXX \$ 16.78	\$ -	XXX \$ 17.55	\$ -
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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97	00000	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0	
101 102	SB022 SG021	gloves, non-sterile bandage, strip 0.75in x 3in (Bandaid)	1.0		1.0		1.0		1.0		1.0	
102	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipmen t 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												
123												
124												
125												
127												
128												

	Α	В	Al	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Pract	ice Expense Spreadsheet	004	51A	00	52A	00	53A	00	54A	00	64A
3		RUC Collaboration Website		nization		nization	lmmur	nization		nization	lmmur	nization
				tration by lar injection		tration by lar injection		tration by lar injection		ration by lar injection		tration by lar injection
				re acute	of seve	re acute	of seve	re acute		re acute	of seve	re acute
				syndrome s 2 (SARS-		syndrome s 2 (SARS-		syndrome s 2 (SARS-		syndrome s 2 (SARS-		syndrome s 2 (SARS-
			CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus
		Meeting Date: September 2023	disease [C vaccine, m	OVID-19])		COVID-19]) RNA-LNP,		OVID-19]) RNA-LNP,		OVID-19]) RNA-LNP,		OVID-19]) RNA-LNP,
	Clinical Activity	Revision Date (if applicable):	spike p	orotein,	spike į	protein,	spike į	orotein,	spike į	orotein,	spike	orotein,
	Code	COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG		ve free, 30 nL dosage,		ve free, 30 nL dosage,		ve free, 30 nL dosage,		ve free, 30 nL dosage,		ve free, 50 nL dosage,
		Specialities. Ant F, ANA, AAF, ACF, ACCC	tris-su	ıcrose	tris-su	ucrose	tris-su	ıcrose	tris-su	ıcrose		er dose
			formulation	n; first dose		on; second ose	formulation	; third dose		n; booster		
4												
				Sucrose 1st ose		s-Sucrose Dose		Sucrose 3rd ose		s-Sucrose oster	Moderna	a Booster
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX	racility	XXX	racility	XXX	racility	XXX	racility	XXX	racility
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -
8		EQUIPMENT TIME 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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
П		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 15.20	s -	\$ 15.20	s -	\$ 15.20	\$ -
13		MINUTE PRE-SERVICE PERIOD	5.02		. 7.25		.5.20		.5.20		.5.20	
15		Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Schedule space and equipment in facility										
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		2	
21	CA006	Confirm availability of prior images/studies	_		Ů						_	
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS			·		·		·		·	
21		Other activity: please include short clinical description here										
28 29		and type new in column A										
30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3		3		3		3		3	
34	CA010	Obtain vital signs	0		0		0		0		0	
35 36	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	3 1		3 1		3 1		3 1		3 1	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2	
38	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or										
40	CA016 CA017											
46	CAUT	Sedate/apply anesthesia Intra-service (of service period) Assist physician or other qualified nearthcare professionar		l				l		l		l
47 48	CA018 CA019	Assist physician or other qualified fleatificate professional										
49	CA020	Assist prysidal for biner quained near the professionar										
50	CA021	ali dina	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
58	CA022	Post-Service (of service period) Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59	CA023	Monitor patient following procedure/service, no multitasking	0								•	
61	CA024 CA025	Clean room/equipment by clinical staff Clean scope	3		3		3		3		3	
62	CA026	Clean surgical instrument package compiete post-procedure diagnostic romis, iab and x-ray										
63	CA027 CA028	Review/read post-procedure x-ray, lab and pathology reports										
65	CA029	Check dressings, catheters, wounds										
66 67	CA030 CA031	Review examination with interpreting MD/DO										
68	CA032 CA033	Perform regulatory imanualed quality assurance activity (service	7		5		5		5		5	
69 70	CA034	Bucarlens procedure (none ACS) (e.g. mandated reporting,	3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a	_	n/a		n/a	_	n/a		n/a	
16	CAUSU	Clinical staff enters vaccine information into the patient medical	IVd		ıva		ıva		ıva		ıva	
	OLD	record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A										
	OLD	final check of the patient is done to confirm that there are no										
75		serious immediate reactions and final questions are answered.										
	OLD	Clinical staff enters data into the state online immunization										
76	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78 79		POST-SERVICE PERIOD										
80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81 82	CA038	Coordinate post-procedure services Office visits: List Number and Level of Office Visits	# visits	# 1/10/4-	# visits	#	# visits	# 1004-	# visits	# vioit-	# visits	# vioit-
83		99211 16 minutes	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits	# VISILS	# visits
84 85		99212 27 minutes 99213 36 minutes										
86		99214 53 minutes										
87 88	CA039	99215 63 minutes 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	UN005	1 Ost-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92 95		End: with last office visit before end of global period										
23		End. manasi onice visit before end of global period										

	Α	В	Al	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Pract	ice Expense Spreadsheet										
2			005			52A	005			54A		64A
3	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Prizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	intramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, m spike p preservatir mcg/0.3 m tris-su	ration by lar injection re acute syndrome s 2 (SARS- oronavirus COVID-19]) RNA-LNP, orotein, we free, 30	administ intramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, m spike p preservatii mcg/0.3 m tris-su formulatic	nization tration by lair injection re acute syndrome s 2 (SARS- soronavirus IOVID-191) IRNA-LNP, protein, we free, 30 nl. dosage, icrose on; second sse		re acute syndrome s 2 (SARS- pronavirus (OVID-19]) RNA-LNP, protein, we free, 30 aL dosage, prose	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease (C vaccine, m spike preservati mcg/0.3 n tris-st formulatic	nization tration by lair injection re acute re yndrome s 2 (SARS- soronavirus IOVID-19]) (RNA-LNP, protein, ve free, 30 nl. dosage, ucrose in; booster isse	administintramuscu of sever respiratory coronavirus CoV-2) (c disease [C vaccine, m spike p preservati mcg/0.25 r	nization y ration by far injection re acute syndrome s 2 (SARS-soronavirus (OVID-19)) RNA-LNP, protein, we free, 50 mL dosage, er dose
5			Pfizer Tris-	se	2nd	s-Sucrose Dose	Do		Boo	s-Sucrose oster		Booster
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.44	\$ -	XXX \$ 15.82	\$ -	XXX \$ 16.78	\$ -	XXX \$ 16.78	\$ -	XXX \$ 16.78	\$ -
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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
96	Supply Code	MEDICAL SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033 SC058	mask, surgical 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 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipmen t Code	EQUIPMENT										
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33		35		35		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		35		35		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
116												
117 118												
119												
120												
121												
123												
124												
125												
127												
128												

П	Α	В	AS	AT	AU	AV	AW	AX	AY	AZ
1	RUC Pract	ice Expense Spreadsheet								
3		DLIC Collaboration Website		71A nization		72A nization		34A		73A nization
3		RUC Collaboration Website		ration by		ration by		nization tration by		ration by
				lar injection		lar injection		lar injection		lar injection
				re acute syndrome		re acute syndrome		re acute syndrome		re acute syndrome
			coronaviru	s 2 (SARS- oronavirus		s 2 (SARS-		s 2 (SARS-		s 2 (SARS-
				OVID-19])	disease [C	oronavirus OVID-19])		coronavirus COVID-19])	disease [C	oronavirus OVID-19])
	Clinical	Meeting Date: September 2023 Revision Date (if applicable):		RNA-LNP, protein,	vaccine, m	RNA-LNP,		DNA, spike enovirus type	vaccine, m	RNA-LNP,
	Activity	COVID-19 IA Pfizer & Moderna Additional Doses		ve free, 10		ve free, 10		6) vector,		ve free, 10
	Code	Specialties: AAFP, ANA, AAP, ACP, ACOG	mcg/0.2 n			L dosage,		ative free,		nL dosage,
			tris-sucrose	constituted, formulation;	diluent rec tris-sucrose	onstituted, formulation;		¹⁰ viral 5mL dosage;		constituted, formulation;
			first	dose	secon	d dose	booste	er dose	third	dose
4										
Ħ			Pfize	r 5-11	Pfize	r 5-11		_	Pfize	r 5-11
5				se 1st Dose	Tris-Sucros		Jansser	Booster		se 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 TOTAL SERVICE PERIOD CLINICAL STAFF TIME	4.0 31.0	0.0	2.0 29.0	0.0	4.0 28.0	0.0	4.0 29.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	31.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	\$ 16.28	\$ -	\$ 14.75	\$ -	\$ 15.20	\$ -	\$ 15.66	\$ -
14		PRE-SERVICE PERIOD								
15	04001	Start: Following visit when decision for surgery/procedure made								
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1	
18	CA003	Schedule space and equipment in facility								
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2	
21	CA006	Confirm availability of prior images/studies								
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1	
	OLD	Prepare patient chart with appropriate CDC VIS								
27		Other activity: please include short clinical description here								
28		and type new in column A								
30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure:								
32	CA009	Pre-Service (of service period) Greet patient, provide gowining, ensure appropriate medical	3		3		3		3	
34	CA009	Obtain vital signs	0		0		0		0	
35	CA011	Provide education/obtain consent	3		3		3		3	
36 37	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	3		3		2		3	
38	CA014	Confirm order, protocol exam								
39 40	CA015 CA016	Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or								
41	CA017	Sedate/apply anesthesia								
46 47	CA018	Intra-service (of service period) Assist physician or other qualined nearthcare professional								
48	CA019	Assist physicial to bine quaineurinear(1020) professionar Assist physicial to bine quaineurinear(1020) professionar								
49 50	CA020 CA021	remotini procedure/serviceino fi urrecitly reflateu to priysician	4		4		4		4	
50	OLD	Provide patient/parent with appropriate CDC VIS								
57		Post-Service (of service period)		l				l		
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3	
61	CA025	Clean scope								
62	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray								
64	CA028	Review/read post-procedure x-ray, lab and pathology reports								
65	CA029 CA030	Check dressings, catheters, wounds								
67	CA031	Review examination with interpreting MD/DO								
68 69	CA032 CA033	Perform regulatory imanuated quanty assurance activity (service	7		5		5		5	
70	CA034	Document procedure (none ACS) (e.g. mandated reporting,	3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a	
Ħ	0, 1000	Clinical staff enters vaccine information into the patient medical			.,,,		.,,,		.,,,,	
	OLD	record to include the vaccine type, lot number, site, date of								
	OLD	administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no								
75		serious immediate reactions and final questions are answered.								
	61.5	Clinical staff enters data into the state online immunization								
	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.								
76 77		End: Patient leaves office/facility		<u> </u>				<u> </u>		
78		POST-SERVICE PERIOD								
79 80	CA037	Start: Patient leaves office/facility 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 99211 16 minutes	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
84		99212 27 minutes								
85 86		99213 36 minutes 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, prease include short chilical description here								
95		End: with last office visit before end of global period								

	Α	В	AS	AT	AU	AV	AW	AX	AY	AZ
1 R	RUC Pract	ice Expense Spreadsheet								
2			007	71A	007	72A	000	34A	007	73A
	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	intramuscu of seve respiratory coronavirus CoV-2) (o disease (C vaccine, m spike p preservatir mcg/0.2 m diluent rec tris-sucrose	ration by lar injection re acute syndrome s 2 (SARS- poronavirus OVID-19]) RNA-LNP, protein, ve free, 10 al. dosage,	administ intramuscu of sevei respiratory coronavirus CoV-2) (c disease [C vaccine, m spike p preservatii mcg/0.2 m diluent rec tris-sucrose	nization rration by lar injection re acute require resource source resource	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, E protein, ade 26 (Ad2) preserva 5x10 particles/0.5	nization ration by lar injection re acute syndrome s 2 (SARS- oronavirus COVID-191) DNA, spike poly victor, titve free, 10 victor, titve free, 10 viral mL dosage; er dose	administ intramuscu of sever respiratory coronavirus CoV2) (cr disease [C vaccine, m spike p preservatir mcg/0.2 m diluent recr tris-sucrose	oronavirus OVID-19])
5			Pfize Tris-Sucros			r 5-11 se 2nd Dose	Janssen	Booster		r 5-11 se 3rd Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.92	\$ -	XXX \$ 16.30	\$ -	XXX \$ 16.78	\$ -	XXX \$ 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 12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	31.0 3.0	0.0	29.0 3.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0
_	Supply Code	MEDICAL SUPPLIES	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
	SB033	mask, surgical	0		0		0		0	
,	SC058 SJ053	syringe w-needle, OSHA compliant (SafetyGlide) swab-pad, alcohol	0		0		0		0	
	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0	
		bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1	
104	NEW	paper, laser printing (each sheet) Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0	
	quipmen t Code	EQUIPMENT								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.87	\$ -	\$ 0.78	\$ -	\$ 0.81	\$ -	\$ 0.83	\$ -
	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 refrigerator, vaccine medical grade, w-data logger sngl glass	0-		0:					
112	NEW	door	38		34		35		36	
113 114	NEW	freezer, under counter, ultra cold 3.7 cu ft								
115										
116										
117 118										
119										
120										
121 122										
123										
124										
124										

	Α	В	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ
1	RUC Pract	ice Expense Spreadsheet	00	04.4	000	004	000	244	0.0	740	04	244
3		RUC Collaboration Website		B1A nization	008 Immun			94A nization		74A nization		04A nization
Ť		NOC COMBOURION WEDSILE	administ	tration by	administr	ration by	administ	ration by	administ	ration by	administ	tration by
				lar injection re acute		r injection of e respiratory		lar injection re acute		lar injection re acute		lar injection re acute
			respiratory	syndrome	syndrome co	oronavirus 2	respiratory	syndrome	respiratory	syndrome	respiratory	syndrome
				s 2 (SARS- oronavirus	(SARS- (coronaviru			s 2 (SARS- oronavirus		s 2 (SARS- oronavirus		avirus 2 (CoV-2)
			disease [C	OVID-19])	[COVID-19)) vaccine,	disease [C	OVID-19])	disease [C	OVID-19])	(coronavir	us disease
	Clinical	Meeting Date: September 2023 Revision Date (if applicable):		RNA-LNP, protein,	mRNA-LI protein, pr			RNA-LNP, protein,	vaccine, m spike			9]) vaccine, valent,
	Activity Code	COVID-19 IA Pfizer & Moderna Additional Doses	preservat	ive free, 3	free, 3 mg	cg/0.2 mL	preservati	ve free, 50	preservati	ve free, 10	preservat	ive free, 5
		Specialties: AAFP, ANA, AAP, ACP, ACOG		nL dosage, constituted,	dosage, reconstitu			nL dosage; ose, when		nL dosage, constituted,		nL dosage, nt AS03
			tris-sucrose	formulation;	sucrose fo		adminis	tered to		ıcrose		ooster dose
			IIISL	dose	second	i dose		s 18 years over		n; booster se		
4												
				6 mo-4	Pfizer 6		Moderna	Booster		r 5-11	Sanofi-GS	SK Booster
5				se 1st Dose	Tris-Sucros					se Booster		
6 7		LOCATION GLOBAL PERIOD	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 17.92	\$ -		\$ -		\$ -		s -		\$ -
8		EQUIPMENT TIME			\$ 16.30 34.0	0.0	\$ 16.78		\$ 17.25 36.0	•	\$ 16.78	
10		TOTAL CLINICAL STAFF TIME TOTAL PRE-SERVICE CLINICAL STAFF TIME	38.0 4.0	0.0	2.0	0.0	35.0 4.0	0.0	4.0	0.0	35.0 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 TOTAL COST OF CLINICAL STAFF TIME x RATE PER	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
13		MINUTE	\$ 16.28	\$ -	\$ 14.75	\$ -	\$ 15.20	\$ -	\$ 15.66	\$ -	\$ 15.20	\$ -
14		PRE-SERVICE PERIOD 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 CA003	Coordinate pre-surgery services (including test results) Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent										
20	CA005 CA006	Complete pre-procedure phone calls and prescription Confirm availability of prior images/studies	2		0		2		2		2	
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 Start: When patient enters office/facility for surgery/procedure:										
32		Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical										
33	CA009 CA010	Obtain vital signs	3		3		3		3		3	
35	CA011	Provide education/obtain consent	3		3		3		3		3	
36 37	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	1 3		3		2		3		1 2	
38	CA014	Confirm order, protocol exam	Ū						J			
39 40	CA015 CA016	Setup scope (nonfacility setting only)										
41	CA016	Sedate/apply anesthesia										
46 47	CA018	Intra-service (of service period) ASSIST PHYSICIAN OF OTHER QUAINIEU NEARTHCARE PROFESSIONAI										
48	CA019	Assist physicial to biner quanted nearth0aft professionar Assist physicial to biner quanted nearth0aft professionar										
49 50	CA020 CA021	Province the desired realistical professional Province of the professional Province of the Pro	4		4		4		4		4	
50	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 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65 66	CA029 CA030	Check dressings, catheters, wounds Technologist QC's images in PACS, checking for air images,										
67	CA031	Review examination with interpreting MD/DO										
68 69	CA032 CA033	Perform regulatory imanuaced quantly assurance activity (service	7		5		5		5		5	
70	CA034	botallent procedure (non-Aco) (e.g. mandated reporting,	3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a		n/a	
Ħ		Clinical staff enters vaccine information into the patient medical					.,,,		.,,,			
	OLD	record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A										
	OLD	final check of the patient is done to confirm that there are no										
75		serious immediate reactions and final questions are answered.										
	OLD	Clinical staff enters data into the state online immunization										
7.0	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
76 77		End: Patient leaves office/facility										
78		POST-SERVICE PERIOD										
79 80	CA037	Start: Patient leaves office/facility 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 99211 16 minutes	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
84		99212 27 minutes										
85 86		99213 36 minutes 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
92		Other activity, prease microus short clinical description here										
95		End: with last office visit before end of global period										

\Box	Δ	В	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ
1	RUC Pract	ice Expense Spreadsheet	571	00	50	- 55	DE.	5,	50	511	J.	
2			000	31A	300	32A	00:	94A	00	74A	010	04A
3		RUC Collaboration Website	administ	nization ration by lar injection	Immun administr		administ	nization tration by lar injection	adminis	nization tration by lar injection	administ	nization tration by lar injection
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 Ib Pfizer & Moderma Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	of severespiratory coronavirus CoV-2) (codisease [Covaccine, magnitus preservat mcg/0.2 mdiluent rectris-sucrose	re acute syndrome s 2 (SARS- oronavirus COVID-19]) RNA-LNP, orotein, ive free, 3 nL dosage,	severe acute syndrome or (SARS-(coronaviru) (COVID-19 mRNA-LI) protein, prot	e respiratory pronavirus 2 CoV-2) us disease 1) vaccine, NP, spike eservative eservative tid, diluent uted, tris- rmulation;	of seve respiratory coronaviru CoV-2) (c disease [C vaccine, m spike preservati mcg/0.5 n booster d adminis individual:	re acute r syndrome s 2 (SARS- oronavirus COVID-19]) rRNA-LNP, orotein, we free, 50 nL dosage; ose, when stered to s 18 years over	of severespiratory coronavirus CoV-2) (c disease [C vaccine, n spike preservati mcg/0.2 r diluent rectris-si formulation	re acute / syndrome s 2 (SARS- coronavirus COVID-19]) nRNA-LNP, protein, ve free, 10 nL dosage, constituted, ucrose on; booster	of seve respiratory corona (SARS (coronavir [COVID-19 mono preservat mcg/0.5 m adjuvai	re acute v syndrome avirus 2 (CoV-2) us disease B)) vaccine, valent, ive free, 5 nL dosage, nt AS03 ooster dose
5			Tris-Sucros	6 mo-4 se 1st Dose	Pfizer 6 Tris-Sucros	e 2nd Dose		Booster	Tris-Sucro	r 5-11 se Booster		6K Booster
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
8		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.92	\$ -	\$ 16.30	\$ -	XXX \$ 16.78	\$ -	XXX \$ 17.25	\$ -	XXX \$ 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 3.0	0.0	29.0 3.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0	28.0 3.0	0.0
96	Supply Code	TOTAL POST-SERVICE CLINICAL STAFF TIME MEDICAL SUPPLIES	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033	mask, surgical	0		0		0		0		0	
99 100	SC058 SJ053	syringe w-needle, OSHA compliant (SafetyGlide) swab-pad, alcohol	0		0		0		0		0	
100	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipmen t Code	EQUIPMENT								1		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.87	\$ -	\$ 0.78	\$ -	\$ 0.81	\$ -	\$ 0.83	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	38		34		35		36		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	38		34		35	_	36		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
116												
117												
118												
119 120												
121												
122												
123												
124												
126												
127												
128												

П	Α	В	BK	BL	BM	BN	ВО	BP	BQ	BR	BS	BT
1	RUC Pract	ice Expense Spreadsheet										
3		RUC Collaboration Website		11A nization		12A nization		33A nization		91A nization		92A nization
H		NOC CONDUCTION WEDSILE	administ	tration by	administ	tration by	administ	ration by	administ	ration by	administ	tration by
				lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute		lar injection re acute
			respiratory	syndrome	respiratory	/ syndrome	respiratory	syndrome	respiratory	syndrome	respiratory	syndrome
				s 2 (SARS- oronavirus		s 2 (SARS- coronavirus		virus 2 CoV- 2)		s 2 (SARS- oronavirus		s 2 (SARS- oronavirus
			disease [C	OVID-19])	disease [C	COVID-19])	(coronavir	us disease	disease [C	OVID-19])	disease [C	OVID-19])
	Clinical	Meeting Date: September 2023 Revision Date (if applicable):	vaccine, m spike r	RNA-LNP, protein,		RNA-LNP, protein,		P]) vaccine, NP, spike	vaccine, m	orotein,		RNA-LNP, protein,
	Activity Code	COVID-19 IA Pfizer & Moderna Additional Doses		ve free, 25		ve free, 25	protein, pr	eservative		ve free, 50		ve free, 50
		Specialties: AAFP, ANA, AAP, ACP, ACOG		nL dosage; dose		mL dosage; d dose		cg/0.2 mL , diluent		nL dosage; se, when		nL dosage; ose, when
								uted, tris- ormulation;		stered to 6 through		stered to 6 through
								dose		ears		ears
4												
				a 6 mo-5 Dose		a 6 mo-5 Dose		mo-4yr se 3rd Dose		na 6-11 Dose		na 6-11 Dose
5		LOCATION										
7		LOCATION GLOBAL PERIOD	Non Fac XXX	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac XXX	Facility
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 17.44	\$ -	\$ 15.82	\$ -	\$ 17.25	\$ -	\$ 17.44	\$ -	\$ 15.82	\$ -
8		EQUIPMENT TIME 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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0	30.0	0.0	28.0 3.0	0.0
Ħ		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 15.66	\$ -	\$ 15.82	s -	\$ 14.29	\$ -
13		MINUTE PRE-SERVICE PERIOD	Ţ 10.0Z		,b		, 10.00	-	, 10.0Z		÷20	
15		Start: Following visit when decision for surgery/procedure made		1						1		1
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Schedule space and equipment in facility										
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		0	
21	CA006	Confirm availability of prior images/studies										
22	CA007 CA008	Review patient clinical extant information and questionnaire Perform regulatory mandated quality assurance activity (pre-	1		1		1		1		1	
27	OLD	Prepare patient chart with appropriate CDC VIS										
П		Other activity: please include short clinical description here										
28		and type new in column A End: When patient enters office/facility for surgery/procedure										
30		SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
33	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3		3		3		3		3	
34	CA010 CA011	Obtain vital signs Provide education/obtain consent	3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	1		1		1		1		1	
37	CA013 CA014	Prepare room, equipment and supplies Confirm order, protocol exam	2		2		3		2		2	
39	CA015	Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or										
40	CA016 CA017	Sedate/apply anesthesia										
46	0.004.0	Intra-service (of service period) Assist physician of other qualined healthcare professional		1						1		
47 48	CA018 CA019	Assist physicial for biner quaindufficant professional										
49	CA020 CA021	Assist physicial for biner qualified healthcathe professional— Ferrotin phocedure/service—not fruirectly related to physician	4		4		4		4		4	
50	OLD	Provide patient/parent with appropriate CDC VIS	4		4		4		4		4	
55 57	OLD	Post-Service (of service period)										
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025	Clean scope										
62	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, iau and x-ray										
64	CA028	Review/read post-procedure x-ray, lab and pathology reports										
65 66	CA029 CA030	Check dressings, catheters, wounds										
67	CA031	Review examination with interpreting MD/DO										
68 69	CA032 CA033	Perform regulatory imanuaced quantly assurance activity (service	7		5		5		7		5	
70	CA034	Document procedure (non-Acc) (e.g. mandated reporting,	3		3		3		3		3	
71 72	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a		n/a	
П		Clinical staff enters vaccine information into the patient medical										
	OLD	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										
75		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										
76		refrigerator/freezer temperature log.										
77 78		End: Patient leaves office/facility POST-SERVICE PERIOD										
79		Start: Patient leaves office/facility										
80 81	CA037 CA038	Conduct patient communications	3	0	3	0	3	0	3	0	3	0
82	CAUSE	Coordinate post-procedure services Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
83 84		99211 16 minutes										
85		99212 27 minutes 99213 36 minutes										
86 87		99214 53 minutes 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, prease include short clinical description here										
95		End: with last office visit before end of global period				•						

	Α	В	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT
1	RUC Pract	ice Expense Spreadsheet										
2				11A		12A	300			91A		92A
3		RUC Collaboration Website	administ intramuscu of seve	ration by lar injection re acute syndrome	administ intramuscu of seve	nization tration by llar injection re acute / syndrome	Immun administ intramuscul of sever respiratory	ration by lar injection re acute	administ intramuscu of seve	nization tration by lar injection re acute v syndrome	intramuscul of sever	ration by lar injection re acute syndrome
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	coronaviru CoV-2) (c disease [C vaccine, m spike p preservati mcg/0.25 r	CoV-2) (coronavirus disease (COVID-19)) vaccine, mRNA-LNP, spike protein, preservative free, 25 mg/0.25 mL dosage; first dose Moderna 6 mo-5		s 2 (SARS- coronavirus COVID-19]) nRNA-LNP, protein, ve free, 25 mL dosage; id dose	corona (SARSI (coronaviri [COVID-19 mRNALN protein, pr free, 3 mo	virus 2 CoV- 2) us disease 0]) vaccine, NP, spike eservative cg/0.2 mL , diluent uted, tris- ormulation;	coronaviru CoV-2) (c disease [C vaccine, m spike preservati mcg/0.5 m first dos adminis individuals	s 2 (SARS- oronavirus COVID-19])	coronavirus CoV-2) (ci disease [Ci vaccine, m spike p preservatir mcg/0.5 m second do adminis individuals	s 2 (SARS- oronavirus COVID-19]) RNA-LNP, orotein, we free, 50 nL dosage;
5			1st I	Oose	2nd	a 6 mo-5 Dose	Pfizer 6 Tris-Sucros	e 3rd Dose	1st I	na 6-11 Dose	2nd I	na 6-11 Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.44	\$ -	XXX \$ 15.82	\$ -	XXX \$ 17.25	\$ -	XXX \$ 17.44	\$ -	XXX \$ 15.82	\$ -
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	4.0 0.0 30.0 0.0		0.0	4.0	0.0	4.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME		30.0 0.0 3.0 0.0		0.0	29.0 3.0	0.0	30.0	0.0	28.0 3.0	0.0
	Supply	MEDICAL SUPPLIES	3.0	3.0 0.0		0.0	3.0	0.0	3.0	0.0	3.0	0.0
96 97	Code	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	ė	\$ 0.77		\$ 0.77	¢	\$ 0.77	¢	\$ 0.77	e
98	SB033	mask, surgical	0	3 -	0	5 -	0	9 -	0	3 -	0	\$ -
99 100	SC058 SJ053	syringe w-needle, OSHA compliant (SafetyGlide) swab-pad, alcohol	0		0		0		0		0	
100	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0	
102	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1		1	
103	SK057	paper, laser printing (each sheet)	3		3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		0		0		0	
106	Equipmen t Code	EQUIPMENT				1						
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.83	\$ -	\$ 0.85	\$ -	\$ 0.76	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33		36		37		33	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		36		37		33	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
116												
117												
118												
120												
121												
122												
123												
125												
126												
127												

	Α	В	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF
1	RUC Pract	ice Expense Spreadsheet	000	72 A	01:	124	041	244	013	24.6	01	440	01	E4A
3		RUC Collaboration Website		93A nization		13A nization		24A nization	013 Immur	ization		44A nization	lmmu	54A nization
				ration by lar injection		ration by lar injection		tration by lar injection	administ intramuscul		adminis	tration by lar injection		tration by lar injection
			of seve	re acute		re acute	of seve	re acute	of sever		of seve	re acute	of seve	re acute
			respiratory coronavirus	syndrome		syndrome s 2 (SARS-		syndrome s 2 (SARS-	respiratory	syndrome	respiratory	syndrome s 2 (SARS-		syndrome s 2 (SARS-
			CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus
	On	Meeting Date: September 2023	disease [C vaccine, m	OVID-19]) RNA-LNP,	disease [C vaccine, m	OVID-19]) RNA-LNP,		COVID-19]) RNA-LNP,	disease [C vaccine, m			nRN-LNP,		OVID-19]) RNA-LNP,
	Clinical Activity	Revision Date (if applicable):	spike p	orotein,	spike p	orotein,	bivalent sp	ike protein,	spike prote	in, bivalent,	spike prote	ein, bivalent,	bivalent sp	ike protein,
	Code	COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	preservati mcg/0.5 m		mcg/0.25 r	ve free, 25 nL dosage;		ve free, 30 nL dosage,	preservativ mcg/0.5 m			ve free, 25 mL dosage,		ve free, 10 nL dosage,
				se, when stered to	third	dose		ucrose on, booster	booste	r dose	booste	er dose		constituted, ucrose
			individuals	6 through				ose					formulation	n, booster
			11 y	rears									ac	ose
4														
			Modern	na 6-11		a 6 mo-5		er 12+	Moden	na 12+		a 6mo-11		r 5-11
5				Dose		Dose	Bivalent	Booster	Bivalent			Booster		Booster
6 7		LOCATION GLOBAL PERIOD	Non Fac	Facility	Non Fac	Facility	Non Fac XXX	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -		\$ -	\$ 16.78	\$ -
8		EQUIPMENT TIME	35.0	0.0	35.0	0.0	35.0	0.0	\$ 16.78	0.0	\$ 16.78 35.0	0.0	35.0	0.0
10		TOTAL CLINICAL STAFF TIME 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 TOTAL POST-SERVICE CLINICAL STAFF TIME	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0	28.0 3.0	0.0
		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 15.20			\$ -	\$ 15.20	\$ -	\$ 15.20	\$ -	\$ 15.20	\$ -	\$ 15.20	\$ -
13		MINUTE PRE-SERVICE PERIOD	, .5.25		\$ 15.20						.5.20			
15	04001	Start: Following visit when decision for surgery/procedure made												
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1		1	
18	CA003	Schedule space and equipment in facility												
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		2		2		2		2		2	
21	CA006 CA007	Confirm availability of prior images/studies 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		ı		ı								
30		SERVICE PERIOD Start: When patient enters office/facility for surgery/procedure:												
32	0.4.000	Pre-Service (of service period) Greet patient, provide gowining, ensure appropriate medical	3		-		2		3		3		3	
33	CA009 CA010	Obtain vital signs	0		3 0		3		0		0		0	
35	CA011 CA012	Provide education/obtain consent Review requisition, assess for special needs	3		3		3 1		3		3		3	
37	CA013	Prepare room, equipment and supplies	2		2		2		2		2		2	
38	CA014 CA015	Confirm order, protocol exam Setup scope (nonfacility setting only) Prepare, ser-up and start try, initial positioning and monitoring or												
40	CA016													
41	CA017	Sedate/apply anesthesia Intra-service (of service period) Assist priysticant or other qualified meaningare professional												l
47 48	CA018 CA019	Assist physician or other qualined realthcare professional												
49	CA020	Assist prysicial for brief qualified thearth22/e professional												
50	CA021 OLD	Provide patient/parent with appropriate CDC VIS	4		4		4		4		4		4	
55 57	OLD	Post-Service (of service period)												
58	CA022	Monitor patient following procedure/service, multitasking 1:4	4		4		4		4		4		4	
59 60	CA023 CA024	Monitor patient following procedure/service, no multitasking Clean room/equipment by clinical staff	3		3		3		3		3		3	
61 62	CA025 CA026	Clean scope												
63	CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray												
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds												
66	CA030	Check dressings, catheters, wounds												
67 68	CA031 CA032	Review examination with interpreting MD/DO Scarrexam documents into PACS. Complete examinings												
69 70	CA033 CA034	Perform regulatory imanuated quanty assurance activity (service Document procedure (none Accy) (e.g. manuated reporting,	5 3		5 3		5 3		5 3		5 3		5 3	
71	CA035	Review home care instructions, coordinate visits/prescriptions												
72	CA036	Discharge day management Clinical staff enters vaccine information into the patient medical	n/a		n/a		n/a		n/a		n/a		n/a	
	01-	record to include the vaccine type, lot number, site, date of												
	OLD	administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no												
75		serious immediate reactions and final questions are answered.												
	OLD	Clinical staff enters data into the state online immunization												
76	OLD	information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.												
77		End: Patient leaves office/facility						1				1		ı
78 79		POST-SERVICE PERIOD Start: Patient leaves office/facility												
80	CA037	Conduct patient communications	3	0	3	0	3	0	3	0	3	0	3	0
81 82	CA038	Coordinate post-procedure services 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 99213 36 minutes												
86 87		99214 53 minutes 99215 63 minutes												
88	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89 92		Other activity, prease include short chinical description here												
95		End: with last office visit before end of global period						•				•		

	Α	В	BU	BV	BW	BX	BY	BZ	CA	СВ	CC	CD	CE	CF
1	RUC Pract	tice Expense Spreadsheet												
2		lauga III		93A		13A		24A		34A		44A		54A
3	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Prizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease (C vaccine, m spike preservati mcg/0.5 n third do: adminis individuals		adminisintramuscu of seve respiratory coronaviru CoV-2) (c) disease [C] vaccine, m spike preservati mcg/0.25 i	nization tration by ilar injection re acute / syndrome s 2 (SARS- coronavirus / 20VID-19]) / IRNA-LNP, protein, ve free, 25 mL dosage; dose	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease (C vaccine, m bivalent sp preservati mcg/0.3 n tris-st formulatic	nization tration by lar injection re acute syndrome s 2 (SARS- soronavirus (OVID-191) (RNA-LNP, ikke protein, ve free, 30 h.L dosage, ucrose in, booster isse	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, m spike prote preservati mcg/0.5 n	in, bivalent, ve free, 50	adminis intramuscu of seve respirator; coronaviru CoV-2) (c disease [0 vaccine, I spike prote preservat mcg/0.25	nization tration by tration by tration by tration by tration by any drome is 2 (SARS-coronavirus 20VID-19)) mRN-LNP, p.in, bivalent, tive free, 25 mL dosage, er dose	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, m bivalent sp preservati mcg/0.2 n diluent rec tris-st formulatic	nization tration by tration by that injection re acute y syndrome is 2 (SARS-coronavirus 20VID-19)) niRNA-LNP, like protein, like protein, ucrose on, booster osse
5				na 6-11 Dose		a 6 mo-5 Dose		er 12+ Booster		na 12+ Booster		a 6mo-11 t Booster		er 5-11 t 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	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 16.78	\$ -
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 TOTAL SERVICE PERIOD CLINICAL STAFF TIME	4.0 28.0	0.0	4.0 28.0	0.0	4.0 28.0	0.0	4.0 28.0	0.0	4.0 28.0	0.0	4.0 28.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES												
97	00000	TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98 99	SB033 SC058	mask, surgical syringe w-needle, OSHA compliant (SafetyGlide)	0		0		0		0		0		0	
100	SJ053	swab-pad, alcohol	0		0		0		0		0		0	
101	SB022	gloves, non-sterile	1.0		1.0		1.0		1.0		1.0		1.0	
102	SG021 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	3		3		1 3		3		3		3	
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	0		0		-		-		J		-	
106	Equipmen t Code	EQUIPMENT				1								
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.81	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	35		35		35		35		35		35	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock												
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35		35		35		35		35		35	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft												
114														
115 116														
117														
118														
119 120														
121														
122														
123														
125														
126														
127														
140		l .												

	Α	В	CG	СН	CI	CJ	CK	CL	CM	CN	CO	CP
1	RUC Pract	ice Expense Spreadsheet	00.	14A	01/	64A	01	73A	01	74A	RECOM	MENDED 21A
3		RUC Collaboration Website	lmmur	nization	Immur	nization		ization	lmmur	nization		ization
				ration by lar injection		ration by lar injection		ration by lar injection		tration by lar injection		ration by lar injection
				re acute	of seve	re acute		re acute	of seve	re acute		re acute
			respiratory	syndrome s 2 (SARS-		syndrome s 2 (SARS-	respiratory coronavirus	syndrome	respiratory	syndrome s 2 (SARS-		syndrome
			CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus	CoV-2) (c	oronavirus		s 2 (SARS- pronavirus
		Meeting Date: September 2023	disease [C	COVID-19]) ecombinant		OVID-19]) RNA-LNP,	disease [C vaccine, m	OVID-19])		OVID-19]) RNA-LNP,	disease [C	OVID-19])
	Clinical Activity	Revision Date (if applicable):	spike	protein	spike prote	in, bivalent,	bivalent sp	ike protein,	bivalent sp	ike protein,	vaccine, m bivalent sp	
	Code	COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	nanopartic	le, saponin- idjuvant,		ve free, 10 nL dosage,	preservat	ive free, 3 L dosage,		ive free, 3 nL dosage,	preservati	ve free, 30
		openaties. Ant F, ANA, AAF, ACF, ACCC	preservat	ive free, 5		er dose	diluent rec	onstituted,	diluent red	constituted,		dosage, tris- rmulation;
			mcg/0.5 n	nL dosage; er dose				crose third dose		ucrose n; booster	single	
								•		se		
4												
			Novav Boo	ax 18+		6mo- 5yr Booster		3mo-4yr 3rd Dose		6mo-4yr Booster	Pfizer Rivalent si	12yr+ ingle Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX	racility	XXX	racility	XXX	racility	XXX	racility	XXX	racility
П		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 17.25	\$ -	\$ 17.25	\$ -	\$ 17.44	\$ -
8		EQUIPMENT TIME TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	36.0	0.0	36.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	28.0 3.0	0.0	28.0 3.0	0.0	29.0 3.0	0.0	29.0 3.0	0.0	30.0	0.0
Ħ		TOTAL COST OF CLINICAL STAFF TIME x RATE PER	\$ 15.20	\$ -	\$ 15.20	s -	\$ 15.66	\$ -	\$ 15.66	\$ -	\$ 15.82	\$ -
13		MINUTE PRE-SERVICE PERIOD	U 10.20		\$ 10.20		\$ 10.00	, .	Ų 10.00		ψ 10.02	-
15		Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA002 CA003	Schedule space and equipment in facility										
19	CA004	Provide pre-service education/obtain consent	2		2		2		2		2	
20	CA005 CA006	Complete pre-procedure phone calls and prescription Confirm availability of prior images/studies									۷	
22	CA007	Review patient clinical extant information and questionnaire	4		4		1		4		,	
23	CA008 OLD	Perform regulatory mandated quality assurance activity (pre- Prepare patient chart with appropriate CDC VIS	11		1				1		1	
27	OLD	Other activity: please include short clinical description here										
28		and type new in column A										
29 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31		Start: When patient enters office/facility for surgery/procedure:										
32	CACCO	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical	3		3		3		3		3	
33	CA009 CA010	Obtain vital signs	0		0		0		0		0	
35 36	CA011	Provide education/obtain consent	3 1		3		3		3		3 1	
36	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	2		2		3		3		2	
38	CA014	Confirm order, protocol exam										
39 40	CA015 CA016	Setup scope (nonfacility setting only) Prepare, set-up and start tv, initial positioning and monitoring or										
41	CA017	Sedate/apply anesthesia										
46 47	CA018	Intra-service (of service period) Assist physician or other qualified fleatificate professional										
48	CA019 CA020	Assist priystoidit or buter quanted freat(fical) professional Assist priystoidit or buter quanted freat(fical) professional										
49 50	CA020	Fendim procedure/serviceno r unectily related to physician	4		4		4		4		4	
55	OLD	Provide patient/parent with appropriate CDC VIS										
57		Post-Service (of service period)										
58 59	CA022 CA023	Monitor patient following procedure/service, multitasking 1:4 Monitor patient following procedure/service, no multitasking	4		4		4		4		4	
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3	
61	CA025 CA026	Clean scope Clean surgical instrument package										
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray										
64 65	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds										
66	CA030	Check dressings, catheters, wounds										
67 68	CA031 CA032	Review examination with interpreting MD/DO Scan exam no complete exam in No										
69	CA033	Perform regulatory imanualed quality assurance activity (service	5		5		5		5		7_	
70 71	CA034 CA035	Bavian home care instructions coordinate visits/prescriptions	3		3		3		3		3	
72	CA035	Review home care instructions, coordinate visits/prescriptions Discharge day management	n/a		n/a		n/a		n/a		n/a	
		Clinical staff enters vaccine information into the patient medical										
	OLD	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										
75		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										
76		refrigerator/freezer temperature log.										
77		End: Patient leaves office/facility										
78 79		POST-SERVICE PERIOD 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 Office visits: List Number and Level of Office Visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits	#visits
83		99211 16 minutes	ii violto	# VIOILO	,, voito	# VIOILO	# violto	TVIOILO	,, , , , , , ,	Triollo		#413113
84 85		99212 27 minutes 99213 36 minutes										
86		99214 53 minutes										
87 88	CA039	99215 63 minutes 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	CAUSS	r ost-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
92 95		Curier activity, prease include short clinical description here										
95		End: with last office visit before end of global period										

	Δ.	В	CG	СН	CI	CI	СК	CL	CM	CN	CO	CP
1	PLIC Prod	ice Expense Spreadsheet	CG	CH	CI	C	CK	CL	CIVI	CIV		MENDED
2	NOC FIACI	ice Expense opreausiteet	00.	44A	01	64A	01	73A	01	74A		21A
3		RUC Collaboration Website		nization		nization		nization		nization		ization
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease (C vaccine, re spike nanopartic based a preservat mcg/0.5 n	ration by lar injection re acute re syndrome s 2 (SARS-oronavirus COVID-19) ecombinant protein le, saponin-djuvant, ive free, 5 l. dosage; er dose	adminisintramuscu of seve respiratory coronaviru CoV-2) (cdisease [Cdisease [Cdisease [Cdisease [Cdisease [Cdisease [Cdisease]]])])	tration by latr injection re acute ysyndrome s 2 (SARS-toronavirus COVID-19) (RNA-LNP, ein, bivalent, ve free, 10 LL dosage, er dose	administ intramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, m bivalent sp preservat mcg/0.2 n diluent rec tris-su	ration by llar injection re acute syndrome s 2 (SARS-oronavirus COVID-19) (RNA-LNP, ikke protein, ive free, 3 L. dosage, constituted, icrose to third dose	adminisintramuscu of seve respiratory coronaviru CoV-2) (c disease [C vaccine, m bivalent sp preserval mcg/0.2 m diluent rec tris-si formulatio	tration by latr injection re acute y syndrome s 2 (SARS-toronavirus COVID-19) (IRNA-LNP, like protein, live free, 3 n.d. dosage, constituted, ucrose on; booster use	administ intramuscu of seve respiratory coronaviru CoV-2) (cd disease [0 vaccine, m bivalent sp preservati mcg/0.3 mL	ration by lar injection re acute y syndrome is 2 (SARS- pronavirus COVID-19]) nRNA-LNP, ike protein, ve free, 30 dosage, tris primulation;
5				ax 18+ oster		6mo- 5yr t Booster		3rd Dose		6mo-4yr t Booster	Pfizer Bivalent s	12yr+ ingle Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 16.78	\$ -	\$ 16.78	\$ -	\$ 17.25	\$ -	\$ 17.25	\$ -	\$ 17.44	\$ -
9		TOTAL CLINICAL STAFF TIME	35.0	0.0	35.0	0.0	36.0	0.0	36.0	0.0	37.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	4.0	0.0	4.0	0.0	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	30.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97 98	SB033	TOTAL COST OF SUPPLY QUANTITY x PRICE mask, surgical	\$ 0.77 0	\$ -	\$ 0.77 0	\$ -	\$ 0.77 0	\$ -	\$ 0.77 0	\$ -	\$ 0.77 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 SK057	bandage, strip 0.75in x 3in (Bandaid)	3		3		3		3		3	
.03	NEW	paper, laser printing (each sheet) Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers							ŭ			
104		Thank canalist and distincting impossiplaya deditions										
106	Equipmen t Code	EQUIPMENT		1		ı				ı		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.81	\$ -	\$ 0.81	\$ -	\$ 0.83	\$ -	\$ 0.83	\$ -	\$ 0.85	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	35		35		36		36		37	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock									ļ	
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	35		35		36		36		37	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
116												
117												
118												
119												
120			-									
121												
123												
124												
125												
126												
127												
0		I .										

	Α	В	CQ	CR	CS	СТ	CU	CV	CW	CX	CY	CZ
2	RUC Pract	ice Expense Spreadsheet		MENDED 41A		MENDED 12A		MENDED 51A		MENDED 71A		MENDED 72A
3		RUC Collaboration Website	administ intramuscu of seve respiratory coronaviru CoV-2) (co	nization tration by lar injection re acute y syndrome is 2 (SARS- pronavirus COVID-19])	intramuscu of sever respiratory coronaviru	ration by lar injection re acute r syndrome is 2 (SARS- pronavirus	adminisi intramuscu of seve respiratory coronaviru CoV-2) (c	nization tration by alar injection re acute y syndrome us 2 (SARS- oronavirus COVID-19])	administ intramuscu of seve respiratory coronaviru CoV-2) (co	nization tration by ilar injection re acute y syndrome is 2 (SARS- oronavirus COVID-19])	administ intramuscu of seve respiratory coronaviru CoV-2) (co	nization tration by lar injection re acute y syndrome is 2 (SARS- pronavirus COVID-19])
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	spike prote preservati mcg/0.25 r	nRNA-LNP, ein, bivalent, ive free, 25 nL dosage; dose	vaccine, m spike prote preservati mcg/0.25 m secon	ve free, 25 L doseage;	bivalent sp preservat mcg/0.2 n diluent red tris-s	nRNA-LNP, pike protein, ive free, 10 nL dosage, constituted, ucrose ; single dose	bivalent sp preserval mcg/0.2 n diluent red tris-si	nRNA-LNP, bike protein, tive free, 3 nL dosage, constituted, ucrose n; first dose	bivalent sp preservat mcg/0.2 m diluent rec tris-su formulatio	nRNA-LNP, sike protein, tive free, 3 nL dosage, constituted, ucrose on; second
5				6mo-11yr First Dose	Moderna Bivalent Se	6mo-11yr econd Dose		yrs-11yrs ingle Dose		6mo-4yr First Dose		Smo-4yr econd Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND	XXX	_	XXX	_	XXX		XXX		XXX	
8		EQUIPMENT TIME TOTAL CLINICAL STAFF TIME	\$ 17.44 37.0	\$ -	\$ 15.82 33.0	0.0	\$ 17.92 38.0	\$ - 0.0	\$ 17.92 38.0	\$ - 0.0	\$ 16.30 34.0	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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	31.0 3.0	0.0	31.0 3.0	0.0	29.0 3.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	\$ 15.82	\$ -	\$ 14.29	\$ -	\$ 16.28	\$ -	\$ 16.28	\$ -	\$ 14.75	\$ -
14		PRE-SERVICE PERIOD Start: Following visit when decision for surgery/procedure made										
16 17	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	1		1		1		1		1	
18	CA003	Schedule space and equipment in facility										
19 20	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	2		0		2		2		0	
21	CA006 CA007	Confirm availability of prior images/studies 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 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD										
31 32		Start: When patient enters office/facility for surgery/procedure:										
33	CA009	Pre-Service (of service period) Green patients, provide gowning, ensure appropriate medical	3		3		3		3		3	
34 35	CA010 CA011	Obtain vital signs Provide education/obtain consent	3		3		3		3		3	
36 37	CA012 CA013	Review requisition, assess for special needs Prepare room, equipment and supplies	1 2		1 2		1 3		1 3		1 3	
38	CA014	Confirm order, protocol exam					,		3		J	
39 40	CA015 CA016	Setup scope (nonfacility setting only) Frepare, set-up and start tv, initial positioning and monitoring or										
41	CA017	Sedate/apply anesthesia Intra-service (of service period) Assist physician of other qualined nearmicare professional										
47	CA018 CA019	Assist physician or other qualined healthcare professionar										
48	CA020	Assist physicial for buier quanneurinearficâte professionar										
50	CA021 OLD	Provide patient/parent with appropriate CDC VIS	4		4		4		4		4	
55	OLD	Post-Service (of service period)										
58 59	CA022 CA023	Monitor patient following procedure/service, multitasking 1:4 Monitor patient following procedure/service, no multitasking	4		4		4		4		4	
60	CA024	Clean room/equipment by clinical staff	3		3		3		3		3	
62	CA025 CA026	Clean scope Clean surgical instrument package										
63 64	CA027 CA028	Review/read post-procedure viagnostic forms, lab and x-ray										$\vdash \vdash \vdash$
65	CA029	Check dressings, catheters, wounds recliniologist QC's images in PACS, checking for air images,										
66 67	CA030 CA031	Review examination with interpreting MD/DO										
68 69	CA032 CA033	Perform regulatory imanuated quality assurance activity (service	7		5		7		7		5	
70	CA034 CA035	Review home care instructions, coordinate visits/prescriptions	3		3		3		3		3	
72	CA035	Discharge day management Clinical staff enters vaccine information into the patient medical	n/a		n/a		n/a		n/a		n/a	一
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 77	OLD	Clinical staff enters data into the state online immunization information system (IIS) (registry) and maintains the vaccine refrigerator/freezer temperature log.										
78		End: Patient leaves office/facility POST-SERVICE PERIOD										
79 80	CA037	Start: Patient leaves office/facility Conduct patient communications	3	0	3	0	3	0	3	0	3	0
81 82	CA038	Coordinate post-procedure services Office visits: List Number and Level of Office Visits	#visits		#visits		#visits		#visits		#visits	
83		99211 16 minutes	#VISITS	#visits	#VISITS	#visits	πVISITS	#visits	#VISITS	#visits	#VISIES	#visits
84 85		99212 27 minutes 99213 36 minutes		<u> </u>		<u></u>			<u> </u>			
86 87		99214 53 minutes 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, prease include short clinical description here										
95		End: with last office visit before end of global period										

П	Α	В	CQ	CR	CS	СТ	CU	CV	CW	CX	CY	CZ
	RUC Pract	ice Expense Spreadsheet		MENDED		MENDED		MENDED		MENDED		MENDED
2				41A		42A		51A		71A		72A
3	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): COVID-19 IA Pfizer & Moderna Additional Doses Specialties: AAFP, ANA, AAP, ACP, ACOG	of severespiratory coronaviru CoV-2) (c disease [4 vaccine, n spike prote preservat mcg/0.25 r	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		nization tration by lar injection re acute / syndrome is 2 (SARS-pronavirus COVID-19)) RNA-LPM, in, bivalent, we free, 25 L dosee d dose	administ intramuscu of seve respiratory coronaviru CoV-2) (ci disease [0 vaccine, n bivalent sp preservati mcg/0.2 n diluent rec tris-si	nization tration by lar injection re acute // syndrome is 2 (SARS-pronavirus COVID-19]) RNA-LNP, like protein, ive free, 10 L. dosage, constituted, ucrose // single dose	adminis intramuscu of seve respirator; coronaviru CoV-2) (c disease [u vaccine, n bivalent sp preserva mcg/0.2 n diluent red tris-s	nization tration by lar injection re acute y syndrome is 2 (SARS-oronavirus COVID-19]) nRNA-LNP, bike protein, tive free, 3 h. dosage, constituted, ucrose n; first dose	administ intramuscu of sevei respiratory coronaviru CoV-2) (cd disease [C vaccine, m bivalent sp preservat mcg/0.2 m diluent rec tris-su formulatio	nization tration by lar injection or acute y syndrome is 2 (SARS-oronavirus COVID-19)) nRNA-LNP, bike protein, tive free, 3 nl. dosage, constituted, ucrose on; second ose
5				First Dose	Bivalent Se	6mo-11yr econd Dose	Bivalent S	rs-11yrs ingle Dose	Bivalent	6mo-4yr First Dose	Bivalent Se	6mo-4yr econd Dose
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	XXX \$ 17.44	\$ -	XXX \$ 15.82	\$ -	XXX \$ 17.92	\$ -	XXX \$ 17.92	\$ -	XXX \$ 16.30	\$ -
9		TOTAL CLINICAL STAFF TIME	37.0	0.0	33.0	0.0	38.0	0.0	38.0	0.0	34.0	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 TOTAL POST-SERVICE CLINICAL STAFF TIME	30.0 3.0	0.0	28.0 3.0	0.0	31.0 3.0	0.0	31.0 3.0	0.0	29.0 3.0	0.0
96	Supply Code	MEDICAL SUPPLIES										
97		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -	\$ 0.77	\$ -
98	SB033 SC058	mask, surgical 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 SK057	bandage, strip 0.75in x 3in (Bandaid) paper, laser printing (each sheet)	3		3		3		3		1 3	-
104	NEW	Covid-19 Cleaning Supplies including additional quantities of hand sanitizer and disinfecting wipes/sprays/cleansers	-		-		-		J		-	
106	Equipmen t Code	EQUIPMENT		ı		1		ı		ı		
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 0.85	\$ -	\$ 0.76	\$ -	\$ 0.87	\$ -	\$ 0.87	\$ -	\$ 0.78	\$ -
108	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	37		33		38		38		34	
109	EF040	refrigerator, vaccine, commercial grade, w-alarm lock										
112	NEW	refrigerator, vaccine medical grade, w-data logger sngl glass door	37		33		38		38		34	
113	NEW	freezer, under counter, ultra cold 3.7 cu ft										
114 115												
116												
117												
118												
120												
121												
122												-
124												
125												
126										-		
127												



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, trissucrose 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, trissucrose 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, 5x10 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, 5x10 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	0041A (1st Dose) 0042A (2nd Dose)	12 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
	disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	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 ASO3 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

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

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); I vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intraservice/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	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

Category I

Evaluation and Management

Preventive Medicine Services

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 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. For vaccine/toxoid products, see 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, 91300-91317.

Medicine

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (90460, 90461, 90471-90474, <u>90480</u>-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) in addition to the vaccine and toxoid code(s) (90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, 91300-91317</u>).

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

Report 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 for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. 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

CPT	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

90460-90474 for the administration of SARS CoV-2 (coronavirus disease [COVID-19]) vaccines. Codes related to SARS CoV-2 (coronavirus disease [COVID-19]) vaccine administration are listed in Appendix Q, with their associated vaccine code descriptors, vaccine administration codes, patient age, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.

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

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

For 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.

(For allergy testing, see 95004 et seq)

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

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

▲90460

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

▲ +90461

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

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

(Do not report 90460, 90461 in conjunction with 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)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation				
<u>▲</u> 90471		ion administration (includes percutaneous, intradermal, subcutaneous, or combination vaccine/toxoid)	intramuscul	ar injections); 1 vaccine				
	(Do not report 90471 in conjunction with 90473)							
<u>▲</u> + 90472		ch additional vaccine (single or combination vaccine/toxoid) (List separat ocedure)	ely in additi	on to code for primary				
	(Use 9047)	2 in conjunction with 90460, 90471, 90473)						
	respiratory	port 90471, 90472 in conjunction with <u>91318, 91319, 91320, 91321, 91322</u> syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-1} xoid product from 90476-90759 are administered at the same encounter)						
	(For immu 96370, 963	6366, 96367, 96368, 96369,						
	(For intrav	vesical administration of BCG vaccine, see 51720, 90586)						
<u>▲</u> 90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)							
	(Do not report 90473 in conjunction with 90471)							
<u>▲</u> + 90474		ch additional vaccine (single or combination vaccine/toxoid) (List separat ocedure)	ely in additi	on to code for primary				
	(Use 9047	4 in conjunction with 90460, 90471, 90473)						
	respiratory	port 90473, 90474 in conjunction with <u>91318, 91319, 91320, 91321, 91322</u> syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-1} koid product from 90476-90759 are administered at the same encounter)						
D 0001A	(coronavir	ion administration by intramuscular injection of severe acute respiratory s us disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative ed; first dose	•	'				
D 0002A	sec	cond dose						
D 0003A	thi	rd dose						
D 0004A	bo	oster dose						

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
	(Report 00	01A, 0002A, 0003A, 0004A for the administration of vaccine 91300)					
	(Do not rej	oort 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 9130	9 8, 91312,	9 1315)			
D 0051A	(coronavir	ion administration by intramuscular injection of severe acute respiratory s us disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative n; first dose					
D 0052A	sec	cond dose					
D 0053A	thi	rd dose					
D 0054A	bo	oster dose					
	(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)						
	(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315, 91317)						
D 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, trissucrose formulation; single dose						
D 0124A	ad	ditional dose					
	(Report 01	21A, 0124A for the administration of vaccine 91312)					
	(Do not report 0121A, 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)						
D 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						
D 0072A	sec	cond dose					
D 0073A	<u>thi</u>	rd dose					
D 0074A	bo	oster dose					
	(Report 00	71A, 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)						
D 0151A		ion administration by intramuscular injection of severe acute respiratory :	syndrome c	coronavirus 2 (SARS-CoV-2)			

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation				
		us disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein onstituted, tris-sucrose formulation; single dose	n, preservative fre	ee, 10 meg/0.2 mL dosage,				
D 0154A	ad	litional dosc						
	(Report 0151A, 0154A for the administration of vaccine 91315)							
	(Do not rep	oort 0151A <u>.</u> 0154A in conjunction with 91300, 91305, 91307, 91308,	91312, 91317)					
D 0081A	(coronavir	on administration by intramuscular injection of severe acute respiratus disease [COVID-19]) vaccine, mRNALNP, spike protein, preserva ed, tris-sucrose formulation; first dose						
D 0082A	sec	rond dose						
D 0083A	thi	rd dose						
	(Report 00	81A, 0082A, 0083A for the administration of vaccine 91308)						
	(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)							
D 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							
D 0172A	se	cond dose						
D 0173A	thi	rd dose						
D 0174A	ad	ditional dose						
	(Report 0171A, 0172A, 0173A, 0174A for the administration of vaccine 91317)							
	(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])							
	(Do not rej	oort 0171A, 0172A, 0173A, 0174A in conjunction with 91300, 91305,	, 91307, 91308, 9	9 1312, 91315)				
D 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 dosa							
D 0012A	\$00	rond dose						

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
D 0013A	thi	d dose	, <u>, , , , , , , , , , , , , , , , , , </u>				
	(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)						
	(Do not rep	ort 0011A, 0012A, 0013A in conjunction with 91306, 91309, 9131	1, 91313, 91314, 91	316)			
D 0064A		on administration by intramuscular injection of severe acute respir us disease [COVID-19]) vaccine, mRNA-LNP, spike protein, prescr					
	(Report 00	64A for the administration of vaccine 91306)					
	(Do not rep	ort 0064A in conjunction with 91301, 91309, 91311, 91313, 91314	1, 91316)				
<i>D0134A</i>		on administration by intramuscular injection of severe acute respin Is disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivale Hose					
	(Report 0134A for the administration of vaccine 91313)						
	(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)						
D 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						
D X142A	sec	ond dose					
D 0144A		on administration by intramuscular injection of severe acute respin Is disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivale Hose					
	(Report 01	11A, 0142A, 0144A for the administration of vaccine 91314)					
	(Do not report 0141A, 0142A, 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)						
D 0091.4	Immunization administration 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						
D 0092A	sec	ond dose, when administered to individuals 6 through 11 years					

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation				
D 0093A	thi	d dose, when administered to individuals 6 through 11 years	<u>'</u>					
D 0094A	ad	litional 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)							
D 0021A	(coronavir	on administration by intramuscular injection of severe acute respiratory . us disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenov e free, 5x10 ¹⁰ viral particles/0.5 mL dosage; first dose						
D 0022A	sec	ond dose						
	(Report 00)	21A, 0022A for the administration of vaccine 91302)						
D 0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage; single dose							
D 0034A	bo	ester dose						
	(Report 00	31A, 0034A for the administration of vaccine 91303)						
D 00414	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							
D 0042A	sec	ond dose						
D 0044A	——————————————————————————————————————							
	(Report 00	11A, 0012A, 0011A for the administration of vaccine 91304)						
		on administration by intramuscular injection of severe acute respiratory . us disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0. e						
	(Report 01	94A for the administration of vaccine 91310)						

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation	
D 01114		on administration by intramuscular injection of severe acute respiratory sy us disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative f			
D 0112A	sec	ond dose			
D 0113A	thir	d dose			
	(Report 01	11A, 0112A, 0113A for the administration of vaccine 91311)			
	(Do not rep	oort 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 9131.	3, <i>91314</i> , 9	91316)	
D 0164A		on administration by intramuscular injection of severe acute respiratory sy us disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, pres dose		'	
	(Report 01	54A for the administration of vaccine 91316)			
	(Do not report 0161A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314)				
	(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)				
	(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)				
	(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)				
	(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)				
	(0151A, 01	54A have been deleted. To report administration of COVID-19 vaccine, us	se 90480)		
	(0081A, 00	82A, 0083A have been deleted. To report administration of COVID-19 vac	ccine, use	90480)	
	(0171A, 01	72A, 0173A, 0174A have been deleted. To report administration of COVID	D-19 vacci	ne, use 90480)	
	(0011A, 00	12A, 0013A have been deleted. To report administration of COVID-19 vac	ccine, use	90480)	
	(0064A has	been deleted. To report administration of COVID-19 vaccine, use 90480)			
	(0134A has	been deleted. To report administration of COVID-19 vaccine, use 90480)			
	(0141A, 01	42A, 0144A have been deleted. To report administration of COVID-19 vac	ccine, use	90480)	
	(0091A, 00	92A, 0093A, 0094A have been deleted. To report administration of COVID	D-19 vacci	ne, use 90480)	
	(0021A, 00	22A have been deleted. To report administration of COVID-19 vaccine, us	se 90480)		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation	
	(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0104A has been deleted. To report administration of COVID-19 vaccine, use 90480) (0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)				
● 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 N symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the N symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the N symbol.

Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, 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 91304, 91318, 91319, 91320, 91321, 91322-(91300-91317) should be reported with the corresponding immunization administration code (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). 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, 9132291300-91317, 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). 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) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, **D**91300 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) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, **D**91305 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. 00814, 00824, 00834, 01214, 01244, 01514, 01544, 01714, 01724, 01734, 01744) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-191) vaccine, mRNA-LNP, **D**91312 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) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-191) vaccine, mRNA-LNP, **D**91307 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, 00814, 00824, 00834, 01214, 01244, 01514, 01544, 01714, 01724, 01734, 01744)

D 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
	(Report 91315 with administration code 0151A, 0154A)
	(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)
D 91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
	(Report 91308 with administration codes 0081A, 0082A, 0083A)
	(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)
D 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
	(Report 91317 with administration codes 0171A, 0172A, 0173A, 0174A)
	(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)
	(Use 91317 as the additional dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)
	(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)
D 91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use
	(Report 91301 with administration codes 0011A, 0012A, 0013A)
	(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)
D 91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
	(Report 91306 with administration code 0064A)
	(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)

D 91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91313 with administration code 0134A)
	(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0141A, 0142A, 0144A, 0164A)
D 91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91314 with administration code 0141A, 0142A, 0144A)
	(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)
D 91311	— Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91311 with administration codes 0111A, 0112A, 0113A)
	(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0141A, 0142A, 0144A, 0164A)
D 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
	(Report 91316 with administration code 0164A)
	(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A)
D 91309	— Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
	(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)
	(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0141A, 0141A, 0164A)
D 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use
	(Report 91302 with administration codes 0021A, 0022A)

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike **D**91303 protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ 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)

	(012001 1 114 1 T
	(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)
<u>▲</u> 91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
	(Report 91304 with administration codes <u>90480</u> 0041A, 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)
D 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)
# № • 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, 90001A, 90002A, 90003A, 90004A, 9011A, 9012A, 9012A, 90013A, 90021A, 90022A, 90031A, 90031A, 90041A, 90042A, 90041A, 90051A, 90052A, 90053A, 90054A, 90064A, 90071A, 90072A, 90073A, 90074A, 90081A, 90082A, 90083A, 90091A, 90092A, 90093A, 90094A, 9104A, 9111A, 9112A, 9113A, 9121A, 9124A, 9134A, 9141A, 9142A, 9144A, 9151A, 9154A, 9164A, 9171A, 9172A, 9173A, 9174A)

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, 0051A, 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, 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

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	
# № •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	0121A (Single Dose) 0124A (Additional Dose)	12 years and older	Pfizer, Inc	Pfizer- BioNTech COVID-19 Bivalent	59267-0304-01 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	

# / 201015	0		F	Df: 1	D.6:	ſ	T
	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	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 (3 rd -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 (3 rd 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-CeV-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

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# ● 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
**# ● 91310	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	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
	protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	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
# <i>w</i> 91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 yrs of age and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days

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

#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/GDC 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) 0044A (Booster)	12 yrs of age and older 18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01 80631-100-01 80631-1000-01	21 Days Booster: Refer to FDA/CDC Guidance
#. ~● 9131	O Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant ASO3 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	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

Category I

Evaluation and Management

Preventive Medicine Services

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 90480. For vaccine/toxoid products, see 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322.

Medicine

Immunization Administration for Vaccines/Toxoids

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>).

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

Report <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>

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

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

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
		monoclonal antibodies immunizations, see 90281-90399. For administrate 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.	ration of immu	ne globulins and monoclonal			
	(For allerg	gy testing, see 95004 et seq)					
	(For skin t	esting of bacterial, viral, fungal extracts, see 86485-86580)					
	(For thera	peutic or diagnostic injections, see 96372-96379)					
<u>▲</u> 90460		ion administration through 18 years of age via any route of administrate ealth care professional; first or only component of each vaccine or toxo					
<u>▲</u> + 90461	ea	ch additional vaccine or toxoid component administered (List separate	ly 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)						
	respiratory	port 90460, 90461 in conjunction with <u>91304, 91318, 91319, 91320, 91</u> syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVII koid product from 90476-90759 are administered at the same encounter	D- 19}] vaccine				
<u>▲</u> 90471		ion administration (includes percutaneous, intradermal, subcutaneous, combination vaccine/toxoid)	or intramusci	ılar injections); I vaccine			
	(Do not re	port 90471 in conjunction with 90473)					
▲ + 90472		ch additional vaccine (single or combination vaccine/toxoid) (List sepa ocedure)	rately in addi	tion to code for primary			
	(Use 9047.	2 in conjunction with 90460, 90471, 90473)					
	syndrome	port 90471, 90472 in conjunction with <u>91318, 91319, 91320, 91321, 91</u> coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vacc xoid product from 90476-90759 are administered at the same encounter	ine/toxoid pro				
	(For intrav	vesical administration of BCG vaccine, see 51720, 90586)					
<u>▲</u> 90473	Immunizat	ion administration by intranasal or oral route; I vaccine (single or con	nbination vacc	eine/toxoid)			
	(Do not rep	ort 90473 in conjunction with 90471)					

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation					
<u>▲</u> + 90474	each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)								
	(Use 90474	t in conjunction with 90460, 90471, 90473)							
	(Do not report 90473, 90474 in conjunction with <u>91318, 91319, 91320, 91321, 91322</u> unless both a severe acute re syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least or vaccine/toxoid product from 90476-90759 are administered at the same encounter)								
	(0001A, 00	002A, 0003A, 0004A have been deleted. To report administration of COV	ID-19 vaccin	e, use 90480)					
	(0051A, 00	52A, 0053A, 0054A have been deleted. To report administration of COV	ID-19 vaccin	e, use 90480)					
	(0121A, 01	24A have been deleted. To report administration of COVID-19 vaccine, u	ise 90480)						
	(0071A, 00	72A, 0073A, 0074A have been deleted. To report administration of COV	ID-19 vaccin	e, use 90480)					
	(0151A, 01	54A have been deleted. To report administration of COVID-19 vaccine, u	ise 90480)						
	(0081A, 00	82A, 0083A have been deleted. To report administration of COVID-19 va	accine, use 90	<u>0480)</u>					
	(0171A, 01	72A, 0173A, 0174A have been deleted. To report administration of COV	ID-19 vaccin	e, use 90480)					
	(0011A, 00	12A, 0013A have been deleted. To report administration of COVID-19 va	accine, use 90	<u>)480)</u>					
	(0064A has	s been deleted. To report administration of COVID-19 vaccine, use 90480)						
	(0134A has	s been deleted. To report administration of COVID-19 vaccine, use 90480)						
	(0141A, 01	42A, 0144A have been deleted. To report administration of COVID-19 va	accine, use 90	<u>0480)</u>					
	(0091A, 00	92A, 0093A, 0094A have been deleted. To report administration of COV	ID-19 vaccin	e, use 90480)					
	(0021A, 00	22A have been deleted. To report administration of COVID-19 vaccine, u	ise 90480)						
	(0031A, 00	34A have been deleted. To report administration of COVID-19 vaccine, u	ise 90480)						
	(0041A, 00	0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)							
	(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)								
	(0111A, 01	12A, 0113A have been deleted. To report administration of COVID-19 va	accine, use 90	<u>0480)</u>					
	(0164A has	s been deleted. To report administration of COVID-19 vaccine, use 90480)						

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	XXX	0.25
		(Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322) (Do not report 90480 in conjunction with 90476-90759)		

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 N symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the N symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the N 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 <u>90480</u> 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). 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 <u>and monoclonal antibodies immunizations</u>, see 90281-90399. For administration of immune globulins <u>and monoclonal antibodies immunizations</u>, 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 <u>90480</u> 0041A, 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)
<u>#</u> № • 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)

<u>▲</u>96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, <u>90480</u>)

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 intramu scular 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

RUC Meeting Date (mm/yyyy)

1100 Meeting Da	objecting Date (minifyyyy)								
Presenter(s):		Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Jon Hathaway, MD (ACOG); Eilaen Attwood, MD (ACOG)							
Specialty Society(ies):	American Ac	American Academy of Pediatrics, American College of Obstetricians and Gynecologists							
CPT Code:	90480								
Sample Size:	24500 F	Resp N: 1	71						
Description of Sample:	Random (AC	Random (ACOG); Random Sample of Applicable Subsets (AAP)							
			Low	25 th pctl	Median*	75th pctl	<u>High</u>		
Service Perform	ance Rate		0.00	0.00	20.00	100.00	3600.00		
Survey RVW:			0.10	0.22	0.25	0.35	5.00		
Pre-Service Evalu	ation Time:				0.00				
Pre-Service Positi	ioning Time:				0.00				
Pre-Service Scrub	o, Dress, Wait T	ime:			0.00				
Intra-Service Tir	ne:		0.00	5.00	7.00	10.00	25.00		
Immediate Post	Service-Time	: <u>0.00</u>							
Post Operative \	<u> Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>			
Critical Care tim	e/visit(s):	0.00	99291x 0). 00 99292	2x 0.00				
Other Hospital t	ime/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00						
Discharge Day M	99238x 0.00 99239x 0.00 99217x 0.00								
Office time/visit	time/visit(s): 0.00 99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00						0.00		
Prolonged Servi	ces:	0.00	99354x 0	. 00 55x 0). 00 56x 0	. 00 57x 0 .	00		
Sub Obs Care:		0.00	99224x 0). 00 99225	5x 0.00 9	9226x 0.00			
distribution of the state of th			,	/ />	0000 (00)	00004 (00)	00000 (40)		

09/2023

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	90480	Recommended Phys	Recommended Physician Work RVU: 0.25						
	,	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time					
Pre-Service Evalua	ation Time:	0.00	0.00	0.00					
Pre-Service Position	oning Time:	0.00	0.00	0.00					
Pre-Service Scrub,	, Dress, Wait Time:	0.00	0.00	0.00					
Intra-Service Tim	ne:	7.00		,					

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

Recor Post-Se	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	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)

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

Modifier -51 Exempt Status

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

New Technology/Service:

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

TOP KEY REFERENCE SERVICE:

Key CPT Code 90460

Global XXX Work RVU 0.24

Time Source **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:

Key CPT Code 90471

Global XXX Work RVU 0.17

Time Source 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.

MPC CPT Code 1

99406

71111

Global Work RVU XXX

Time Source **RUC Time**

Most Recent Medicare Utilization

319,663

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

Most Recent

MPC CPT Code 2

Global XXX

Work RVU Time Source 0.32

RUC Time

Medicare Utilization 10,672

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

0.24

Other Reference CPT Code

Global

Work RVU 0.00

Time Source

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 2nd Key Reference Code: 47 % of respondents: 27.4 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	CPT Code: 90480	CPT Code: 90460	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
Median Total Time	7.00	7.00	7.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

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

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	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 	3%	35%	62%
Technical Skill/Physical Effort	Less	<u>Identical</u>	More
Technical skill required	8%	75%	16%
Physical effort required	6%	78%	16%

20/				
3%0	27%	70%		
Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
2%	13%	25%	55%	4%
	Less	Much Somewhat Less Less	Much Somewhat Identical Less Less	Much Somewhat Identical Somewhat Less Less More

Identical

More

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		ical Skill/Physical Effort	<u>Less</u>	Identical 83%	More 6%
• The number of possible diagnosis 8% 34% 58%	•	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	<u> </u>	0.77	3070

Less

Physical effort required	19%	68%	13%
<u>Psychological Stress</u>	<u>Less</u>	Identical	<u>More</u>

Outcome depends on the skill and judgment of physician

Mental Effort and Judgment

• Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

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

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

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, does 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 IWPUT 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		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	O	7	0	7

							OI I C
	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

1.	Is this coo	• • • •	oorted on the sa	ame date with o	other CPT codes?	If yes, please res	spond to the following
	Why is th	ne procedure re	ported using m	ultiple codes in	nstead of just one	code? (Check al	l that apply.)
			lties work toge	ther to accomp			h an add-on code. codes its part of the
	☐ M	Aultiple codes a	are used to mai	ntain consisten	cactly what compositely with similar correctly reported	odes.	
2.	CPT code accountin provision	es, global periong for relevant i	d, work RVUs multiple proced vice, please in	, pre, intra, and dure reduction	post-time for eac policies. If more	h, summing all c	ole codes. Include the of these data and an is involved in the g each CPT code in your
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 <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely) If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty 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 <u>percentage</u> 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 <u>and percentage</u> 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 <u>will</u> change, please select another crosswalk based on a similar specialty mix. 90460

SS Rec Summary

	В	С	D	Е	F	G	Н	ı	J	К	L	М	N	0	Р	Q	R	S	Т	U	V W	Х	AK A	_ AM	AN AO
1	ISSUE:	COVID IA	- Revised Code Set																		•				
2	TAB: 18																								
3					RUC						RVW			Total	PI	RE-TIN	E		NTR	A-TII	ME	IMMD	SURV	Y EXI	PERIENCE
4	Source	СРТ	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN 2	5th I	MED	75th MAX	POST	MIN 25	h MED	75th MAX
5	1st REF		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		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	3	6	8	12 25	0	0 1	20	50 500
11	REC		Immunization administration by intramuscular injection of severe acute respiratory syndrome				0.036	0.036			0.25			7						7					

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)

Meeting Date: September 2023

CPT Code	Long Descriptor	Global Period
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)*):

CPT	
Code	Vignette
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* 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.

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)

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 <u>RUC Collaboration website</u>. 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.

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)

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 2nd 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:

CPT CODE(S):<u>90480</u>

SPECIALTY SOCIETY(IES): <u>AAP & ACOG</u> PRESENTER(S): <u>Steven Krug, MD</u>, <u>Jonathan Hathaway, MD</u>, <u>PhD</u>

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 period is the property of the vaccine.

	site. The patient is then monitored for potential anaphylaxis response to the vaccine.
12.	If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
	N/A
13.	If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (<i>please see 2nd worksheet tab in PE spreadsheet</i>):
	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
ME	CDICAL SUPPLIES & EQUIPMENT/INVOICES
15.	\square Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? N/A
16.	\square 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 (<i>please see</i> 4^{th} 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 <i>pack, E/M visit</i>) 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 (<i>please see 8-10th worksheet tabs in PE spreadsheet</i>). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
	N/A

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 5th 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

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)

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

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (please see 7th 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 sngl 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*

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 Please submit the revised form electronically to Rebecca (In addition, please provide an itemized list of the modifical Subcommittee meeting in the space below (e.g. clinical ac 5 minutes to 3 minutes).	Gierhahn at rebecca.gierhahn@ama-assn.org. ations made to the PE spreadsheet during the PE

	Α	В	D	E	F	G	Н	K	
1		Expense Spreadsheet	D		Г	REFERENCE CODE		RECOMMENDED	
2						90460		90480	
3		RUC Collaboration Website				Immunization administration		Immunization administration by	
		Meeting Date: September 2023				through 18 years of age via any route of administration, with		intramuscula severe acute	
		Revision Date (if applicable):			Clinical Staff	counseling by pl qualified health c	hysician or other	syndrome coro	navirus 2 (SAR
	Clinical	Tab: 18 SARS-CoV-2-Immunization Administration – Revised Code Set	Clinical Staff		Type Rate	first or only con	ponent of each	CoV2) (corona [COVID 19]) v	
	Activity Code	(90480)	Type Code	Staff Type	Per Minute	vaccine or toxo	id administered	do	
4		Specialty: AAP & ACOG							
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND							
7		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 CA004	Schedule space and equipment in facility	L037D L037D	RN/LPN/MTA	0.455				
18 19	CA004 CA005	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
20	CA005	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	04000	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical records are	1.007D	DNU DNUMTA	0.455				
33	CA009 CA010	Obtain vital signs	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
35	CA010	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455	3		3	
36	CA011	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455	3		3	
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		Other activity, prease include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
45		in actions A	L037D	RN/LPN/MTA	0.455				
48	CA018	Intra-service (of service period) Assist physician or other qualified fleatificate professionalulrecity related	1.007D	DNU DNUMTA	0.455				
49 50	CA018	Assist physician of other Qualinea healthcare professionalunectry related	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
51	CA019	Assisrphysician of งเกษ์กิจในล้าเกียน กอลแก่care professionalunecity related	L037D	RN/LPN/MTA	0.455				
52	CA021	Perform procedure/serviceNOT directly related to physician work time	L037D	RN/LPN/MTA	0.455	4		4	
55	552.1		L037D	RN/LPN/MTA	0.455			·	
56		Outer activity, prease include short climical 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 suggical instrument package	L037D	RN/LPN/MTA	0.455				
64	CA026 CA027	Clean surgical instrument package Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
66	CA027	Review/read post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455				
68	CA030	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455				
69	CA031	Review examination with interpreting MD/DO		RN/LPN/MTA	0.455				
70	CA032	and the income into words accord	L037D	RN/LPN/MTA	0.455				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455				
72	CA034	FFO SI2 -4-)	L037D	RN/LPN/MTA	0.455	3		3	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455	m/-		m/-	
74 75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	n/a		n/a	
78		Other activity, prease include short clinical description here and type new	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
81		End: Patient leaves office/facility	LUSTD	INVELIMINA	0.400				
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		Other activity, prease include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
96		in actions A	L037D	RN/LPN/MTA	0.455				
99		End: with last office visit before end of global period							

	Α	В	D	E	F	G	Н	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 physiclan 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
100		MEDICAL SUPPLIES	PRICE	UNIT					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 0.93	\$ -	\$ 0.93	\$ -
102		syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1		1	
103		bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1		1	
104	SK012	CDC information sheet	0.03	item		1		1	
110	Equipment	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.23	\$ -	\$ 0.23	\$ -
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838	10		10	
113		refrigerator, vaccine, temperature monitor w-alarm, security mounting w- sensors, NIST certificates	1000	Default	0.002653727	10		10	
117									