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SPECIAL EDITION: December Update

New COVID-19 Vaccine Codes: December Update

The Current Procedural Terminology (CPT[®]) Editorial Panel (the Panel) has approved a new vaccine product code (91317) and a new vaccine administration code (0173A) for the administration of a third dose of the Pfizer bivalent vaccine product to address severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]) for patients aged 6 months through 4 years. These codes are effective as of December 8, 2022, because the vaccine received emergency use authorization (EUA) from the Food and Drug Administration (FDA).

In order to assist CPT code users in differentiating and reporting the available vaccine product codes and their affiliated immunization administration codes appropriately, the American Medical Association (AMA) established a website (<https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes>) that features timely updates of

the Panel's actions. The last COVID-19 update was in the *CPT® Assistant Special Edition: November Update (2022)* in which the Moderna bivalent vaccine product (91316) and vaccine administration code (0164A), intended for use to report the booster dose for patients aged 6 months through 5 years, was discussed.

This issue of *CPT® Assistant Special Edition* provides guidance on the appropriate use of the new Pfizer bivalent booster vaccine product code (91317) and its associated vaccine administration code (0173A) for patients aged 6 months through 4 years.

Immunization Administration for Vaccines/Toxoids

● 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) ◀

Vaccines, Toxoids

#●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

▶ [\(Report 91317 with administration code 0173A\)](#) ◀

▶ (Use 91317 only as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A) ◀

▶ (Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0124A, 0154A, 0081A, 0082A, 0083A) ◀

New vaccine product code 91317 describes the Pfizer bivalent product for patients aged 6 months through 4 years. New code 0173A should be reported with vaccine product code 91317 to report administration of the third dose of the primary series. This bivalent vaccine product targets both COVID-19 subvariants BA.4 and BA.5 and may be used as a third dose in the primary series for pediatric patients aged 6 months through 4 years who previously received their first and second doses of their primary series represented by vaccine product code 91308 and vaccine administration codes 0081A and 0082A. Parenthetical notes have been added following the vaccine product and administration codes to clarify the appropriate use of these new codes.

As with previous COVID-19 vaccine administration codes, counseling is included as part of the administration visit and should not be reported separately. The physician or other qualified health care professional (QHP) should exercise clinical judgment to determine whether the

administration of the vaccine product is appropriate for a given patient. More information on current guidance from the Centers for Disease Control and Prevention (CDC) regarding which patients should receive a COVID-19 vaccine is available at

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>.

To accommodate the new coding structure, Appendix Q was added to the CPT code set. Appendix Q details the vaccine codes, their associated vaccine administration code(s), the vaccine manufacturers and names, the National Drug Code (NDC) labeler product ID, and dosing intervals. Appendix Q was recently re-formatted to also show appropriate age ranges for each vaccine product and the associated vaccine administration codes to assist in providing clarity for the user. The new vaccine product and vaccine administration codes discussed here will be included in Appendix Q.

Additional details on the new vaccine coding structure and other pertinent information provided in multiple special editions of the *CPT® Assistant* for COVID-19 guidance are available at <https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance>.

Table 1 is an excerpt from Appendix Q that highlights the third dose of the new Pfizer bivalent discussed in this article. Refer to the full text of Appendix Q, which is available at <https://www.ama-assn.org/system/files/covid-19-immunizations-appendix-q-table.pdf>, to keep abreast of additional changes as they occur.

Table 1 Excerpt from Appendix Q: New Pfizer Bivalent COVID-19 Vaccine Product and Vaccine Administration Codes

Vaccine Code	Vaccine Administration Code(s)	Patient Age
#● 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)	6 months through 4 years

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (91317)

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.

Description of Procedure (91317)

The physician or other qualified health care professional (QHP) determines that the bivalent SARS-CoV-2 vaccine is appropriate for this patient and dispenses the vaccine according to the dose scheduled in the administration code for the SARS-CoV-2 vaccine.

Clinical Example (0173A)

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

Description of Procedure (0173A)

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 parent or guardian on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent. Administer the bivalent third dose of the bivalent 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.

Case Study

A 1-year-old child received their first and second dose of the primary series of the COVID-19 original Pfizer vaccine product appropriate for the child's age range. The child presents to the physician's office for their third primary series dose. The physician administers the new bivalent Pfizer vaccine product as the third dose in the child's COVID-19 vaccine primary series. What are the appropriate vaccine product and vaccine administration codes to report in this scenario?

Case Study Answer

In this scenario, vaccine product code 91308 would have been reported with vaccine administration code 0081A for the first dose and with code 0082A for the second dose in the primary series. To report the third dose in the primary series that uses the bivalent vaccine, code 91317 should be reported with vaccine administration code 0173A.

Question and Answer

Question: *May code 91308 be reported with code 0083A for administration of the new Pfizer bivalent vaccine as the third dose in the primary series for pediatric patients aged 6 months through 4 years?*

Answer: No, the new bivalent vaccine is a different product, therefore, the new vaccine product code (91317) should be reported with the new vaccine administration code (0173A).

Question: *Can the new Pfizer bivalent product represented by code 91317 be used as the first and second dose of the primary series for pediatric patients aged 6 months through 4 years?*

Answer: No, at the present time, code 91317 may only be reported with vaccine administration code 0173A. It may not be reported with vaccine administration code 0081A, 0082A, or 0083A. The parenthetical notes for these codes provide directions on the appropriate reporting. Current guidance from the Centers for Disease Control and Prevention (CDC) regarding which patients should receive which COVID-19 vaccine is available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>.

Question: *Because the new Pfizer bivalent COVID-19 vaccine product will be available for administration as the third dose in the primary series for patients aged 6 months through 4 years, does that mean that code 0083A has been deleted?*

Answer: No, with this release, code 0083A (*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3mcg/0.2mL dosage, diluent reconstituted, tris-sucrose formulation, third dose*), is still an active code.

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The *CPT® Assistant Special Edition* information is designed to provide accurate, up-to-date coding information. We continue to make every reasonable effort to ensure the accuracy of the material presented. However, this publication does not replace the *CPT®* codebook; it serves only as a guide.

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