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SPECIAL EDITION: January Update

New COVID-19 Vaccine Code: January Update

In October 2021, a new Current Procedural Terminology (CPT[®]) code (91307) for Pfizer's tris-sucrose formulation vaccine product and two administration codes (0071A, 0072A) were established to address severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]) in pediatric patients ages 5 through 11 years. The CPT Editorial Panel (the Panel) has approved a third-dose vaccine administration code (0073A) for the Pfizer tris-sucrose formulation vaccine product for immunocompromised pediatric patients whose immune response was insufficient following a two-dose primary COVID-19 vaccine series. The newly established third dose is to be administered 28 days after the second dose and is specifically intended for immunocompromised patients ages 5 through 11 years. As with previous COVID-19 vaccine administration codes, counseling is included as part of the administration visit and should not be reported separately.

In order to assist CPT code users in differentiating and appropriately reporting the available vaccine

product codes and their affiliated immunization administration codes, 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 (2021)* in which the Janssen booster-dose administration code (0034A) was discussed. The Janssen booster dose was identical in volume and concentration to the initial single-dose vaccine. It is intended for use in patients ages 18 years or older and administered 2 months or later following the initial dose.

This issue of *CPT[®] Assistant Special Edition* introduces and provides guidance on the appropriate use of the new pediatric Pfizer vaccine administration code (0073A) for use in patients ages 5 through 11 years who are immunocompromised.

Immunization Administration for Vaccines/Toxoids

#●0071A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose

#●0072A second dose

#●0073A third dose

►(Report 0071A, 0072A, 0073A for the administration of vaccine 91307)◀

►(Do not report 0071A, 0072A, 0073A in conjunction with 91300, 91305)◀

Vaccines, Toxoids

#●91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

►(Report 91307 with administration codes 0071A, 0072A, 0073A)◀

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

Code 91307 describes Pfizer's pediatric-tailored COVID-19 vaccine product, which was established in 2021. In contrast to the adult formulation that uses a 30 mcg/0.3 mL ready-to-use formula, the pediatric-tailored vaccine for patients ages 5 through 11 years requires reconstitution using a diluent to reach the appropriate dosage of 10 mcg/0.2 mL. The administration codes (0071A, 0072A) for this

vaccine product have been updated to include the newly established code 0073A, which is used to report administration of the third dose. The vaccine schedule specifies that the second dose is to be administered 21 or more days after administration of the first dose. When applicable, the third dose is to be administered 28 days or more after the administration of the second dose. The physician or other qualified health care professional (QHP) should exercise clinical judgment to determine whether a third dose is appropriate for a given pediatric immunocompromised patient. More information on current guidance from the Centers for Disease Control and Prevention regarding which patients are considered immunocompromised and eligible for a third dose of the vaccine is available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>.

Note that vaccine administration codes 0071A, 0072A, and 0073A are not intended to be reported in conjunction with the initial Pfizer vaccine product code (91300) or with the ready-to-use formulation designated for ages 12 and older vaccine product code (91305). Parenthetical notes have been added following the administration codes and product code to clarify the appropriate use of these vaccine administration codes.

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. The new Pfizer pediatric vaccine administration code (0073A) has also been added to 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>.

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

Clinical Example (91307)

A parent or guardian of an 8-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

Description of Procedure (91307)

The physician or other qualified healthcare professional (QHP) determines that the 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 (0073A)

A parent or guardian of an 8-year-old child seeks immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. The parent or guardian is offered and agrees to an intramuscular injection of SARS-CoV-2 vaccine for the child for this purpose.

Description of Procedure (0073A)

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 third dose of the COVID-19 vaccine by intramuscular injection in the upper arm. Monitor the patient for any adverse reaction. Update the patient's immunization record (and registry when applicable) to reflect the vaccine administered.

The following question and answer reflects a question that may be asked in relation to the new code and how it should be reported.

Q&A

Question: *What is the appropriate code(s) to report when a pediatric patient age 12 through 15 years receives a booster dose of the Pfizer COVID-19 vaccine product?*

Answer: The booster dose for pediatric patients ages 12 through 15 years is the same as the dose for patients ages 16 years and older. Therefore, depending on which Pfizer COVID-19 vaccine product is administered, either vaccine product code 91300 should be reported with vaccine administration code 0004A, or vaccine product code 91305 should be reported with vaccine administration code 0054A for the administration of the booster dose.

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