New COVID-19 Vaccine Codes: March Update

The Current Procedural Terminology (CPT®) Editorial Panel (the Panel) has approved a new vaccine administration code (0174A) for the administration of a booster dose of the Pfizer bivalent vaccine product to address severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) for patients aged 6 months through 4 years. This code will become effective upon receiving 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:
December Update (2022) in which the Pfizer bivalent vaccine product (91317) and vaccine administration code (0173A), intended for reporting the third dose for patients aged 6 months through 4 years, were discussed.

This issue of CPT® Assistant Special Edition provides guidance on the appropriate use of the new Pfizer bivalent booster vaccine administration code (0174A) 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

► (Use 0173A in conjunction with 91317 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)

#●0174A  booster dose

► (Report 0173A, 0174A for the administration of vaccine 91317)

► (Use 0174A in conjunction with 91317 when used as a booster dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A])

► (Do not report 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)

New vaccine administration code 0174A should be reported with vaccine product code 91317 to report administration of a booster dose of the bivalent vaccine. This bivalent vaccine product
targets both COVID-19 subvariants BA.4 and BA.5 and may be used as a booster dose for pediatric patients aged 6 months through 4 years who previously received their first, second, and third doses of the primary series represented by vaccine product code 91308 and vaccine administration codes 0081A, 0082A, and 0083A. Parenthetical notes have been added and revised following the vaccine product and administration codes to clarify the appropriate use of the codes.

As with previous COVID-19 vaccine administration codes, counseling is included as part of the administration visit and should not be reported separately. 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 vaccine administration code discussed here will be included in Appendix Q.

Table 1 is an excerpt from Appendix Q that highlights the booster dose of the Pfizer bivalent vaccine 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

<table>
<thead>
<tr>
<th>Vaccine Code</th>
<th>Vaccine Administration Code(s)</th>
<th>Patient Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>#• 91317</td>
<td>0173A (3rd Dose)</td>
<td>6 months through 4 years</td>
</tr>
<tr>
<td></td>
<td>0174A (Booster Dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

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

**Clinical Example (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.

**Description of Procedure (0174A)**

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 booster dose of
the primary series 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.

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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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