New COVID-19 Vaccine Code: November Update

In January 2021, the Janssen vaccine product code (91303) was added to the Current Procedural Terminology (CPT®) code set as a single-dose vaccine administration (0031A) for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]). Its composition and usage were discussed and explained in the CPT® Assistant Special Edition: January Update (2021). Recently, a new booster-dose code for the Janssen vaccine product, which is intended for patients ages 18 and older, has been created for the CPT code set. The CPT Editorial Panel has approved a new vaccine administration code (0034A) for the administration of the Janssen COVID-19 vaccine booster for patients who had previously received the Janssen single-dose primary vaccine. This issue of CPT® Assistant Special Edition: November Update introduces and provides guidance on the appropriate use of the Janssen booster-dose code.


Immunization Administration for Vaccines/Toxoids

▲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, 5x10¹⁰ viral particles/0.5 mL dosage; single dose

●0034A  booster dose

►(Report 0031A, 0034A for the administration of vaccine 91303)
Vaccines, Toxoids

#91303

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

► (Report 91303 with administration codes 0031A, 0034A)

Newly established COVID-19 vaccine administration code 0034A describes the administration of the booster-dose Janssen vaccine product. The booster dose is identical in volume and concentration to the initial single-dose vaccine product. The booster dose is intended for use in patients ages 18 or older, and it may be administered 2 months or later following the initial dose. The Janssen vaccine product is still a single-dose regimen, even though it now has a booster dose that is available for patients who meet the criteria and require a booster. The physician or other qualified health care professional (QHP) should exercise their clinical judgment to determine whether the booster dose is appropriate for a given patient.

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 the dosing intervals. The Janssen booster-dose administration code (0034A) has also been added to Appendix Q.

The following clinical example and procedural description reflect a typical clinical scenario for which this new code would be appropriately reported.

Clinical Example (0034A)

A 33-year-old individual, who was previously immunized with a primary series, seeks booster 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.

Description of Procedure (0034A)

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 on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent. Administer the booster 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 frequently asked question reflects a question that may be asked in relation to the new code and how it should be reported.

Frequently Asked Question

Question: A patient presents for a booster dose of a COVID-19 vaccine; however, the vaccine administered, as determined by the CPT vaccine product code, is different than what was administered for the primary series. How should the booster dose be reported?

Answer: Note that clinical guidance on mixing vaccines is outside the purview of CPT coding. However, if the booster dose of the COVID-19 vaccine product administered is represented by a different CPT vaccine product code than the primary series, the physician or other QHP should report the appropriate booster-dose vaccine administration code for the vaccine product provided at the encounter. More information on current guidance from the Centers for Disease Control and Prevention on this issue is available at https://www.cdc.gov/vaccines/covid-19/hcp/faq.html.