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SPECIAL EDITION: Vaccine Coding Development

Vaccine Coding Development for COVID-19

Since COVID-19 was declared a global pandemic, medical science has grappled with addressing the multiple, complex issues that have resulted from this health care crisis. From a Current Procedural Terminology (CPT®) coding perspective, this meant the rapid development and establishment of new codes to report:

- innovative laboratory testing services that differentiate the novel coronavirus from other pathogens;
- antibody and other immunological testing; and
- supplies used during a declared Public Health Emergency (PHE).

The art and science of medicine continues to innovate, currently proposing solutions such as preventive vaccines developed as part of the federal government's Operation Warp Speed.[1] Through unprecedented collaboration with multiple federal agencies, including the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare & Medicaid Services (CMS), the CPT Editorial Panel (Panel) moved quickly to create a new vaccine coding structure for COVID-19 vaccine candidates currently in various stages of clinical trials.

This new structure differs substantially from that used for extant vaccines. This is due in part to the rapid development of these vaccines, the request to track the administration of each individual vaccine, and the need for a long-term viable solution that will enable the Panel to add codes as new vaccines become available without affecting other subsections of the code set. Instead, instructional parenthetical notes will be added throughout the code set, directing users to the appropriate subsection for COVID-19 vaccine codes.

The new coding structure establishes a range of codes, starting with code 91300, that are specific to COVID-19 vaccine products, which will be effective upon receiving the Emergency Use Authorization or approval from the FDA. These codes are indicated with the ✓ symbol and will be tracked by the AMA to monitor their FDA-approval status. Once the FDA

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status changes to approved, the ✓ symbol will be removed from the codes. In addition, a request to track both the specific vaccine and the particular dose of the respective vaccine a patient receives has resulted in the creation of a new series of alphanumeric vaccine administration codes (0001A, 0002A, 0011A, 0012A). The administration codes for COVID-19 vaccines include vaccine risk/benefit counseling, when performed. Because the federal government will be responsible for initially purchasing and distributing the vaccines to health care entities across the country, the administration codes will be vital in specifying which dose (eg, first dose or second dose) of a specific COVID-19 vaccine was administered.

Immunization Administration for Vaccines/Toxoids

►Report 0001A, 0002A, 0011A, 0012A 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, 91301), 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, 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.◄

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 91300, 91301, 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 90476-90749 are administered at the same encounter)◄

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

(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 90472 in conjunction with 90460, 90471, 90473)

►(Do not report 90471, 90472 in conjunction with 91300, 91301, 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 90476-90749

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)

#✓●91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use

►(Report 91300 with administration codes 0001A, 0002A)◄

#✓●91301 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use

►(Report 91301 with administration codes 0011A, 0012A)◄

●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/0.3mL dosage, diluent reconstituted; first dose

●0002A second dose

►(Report 0001A, 0002A for the administration of vaccine 91300)◄

●0011A 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, 100 mcg/0.5mL dosage; first dose

●0012A second dose

►(Report 0011A, 0012A for the administration of vaccine 91301)◄

Appendix Q

To accommodate the new coding structure, a new Appendix Q will be added to the CPT code set. In Appendix Q, a vaccine product and its administration code(s) are listed. In addition, the vaccine product's specific dosing timeline (interval) and its manufacturer are identified. Appendix Q will be broadly utilized in most health care delivery settings, not only to confirm proper code selection for vaccine products and their administrations, but also to ensure that patients receive the correct dose of the same vaccine product in a multidose regimen. For example, if a vaccine code in Appendix Q has two associated administration codes, this will assist the health care professional in selecting the appropriate administration code for the multidose vaccine product.

Thus, Appendix Q will help identify that when patients receive the first dose of a vaccine product that is identified with administration code 0011A, they must also receive the second dose of the same vaccine product that is identified with administration code 0012A. In addition, using this crosswalk for identification of the correct code will help to track and report outcomes and efficacy of specific vaccines. It will also provide manufacturer-specific information, similar to the current Multianalyte Assays with Algorithmic Analyses (MAAA) and Proprietary Laboratory Analyses (PLA) subsection of codes. See Table 1 for the vaccine code and administration code crosswalk.

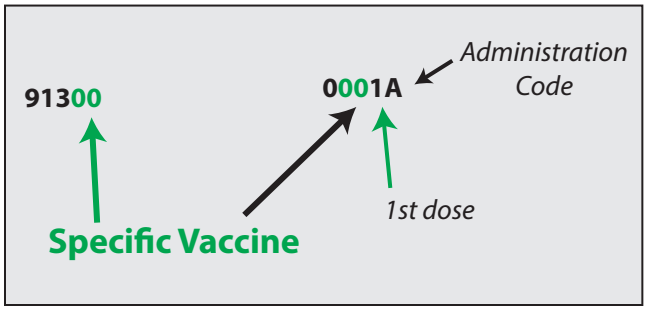
Table 1. Vaccine Code and Vaccine Administration Codes Crosswalk

Vaccine Code		Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC10/ NDC11 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/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (1st dose) 0002A (2nd dose)	Pfizer, Inc.	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	21 days
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (1st dose) 0012A (2nd dose)	Moderna, Inc.	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	28 days

Table 1 lists the individual SARS-CoV-2 (COVID-19) vaccine product codes (91300, 91301) and their associated administration codes (0001A, 0002A, 0011A, 0012A), manufacturer name, vaccine name(s), 10- and 11-digit National Drug Code (NDC) Labeler Product ID, and dose interval. Additional introductory and instructional information for codes 0001A, 0002A, 0011A, 0012A, 91300, and 91301 are available in the guidelines for immunization administration for vaccines/toxoids in the Medicine section of the CPT code set. As new vaccine-specific codes and dosing-administration codes are approved, these will be published in *CPT® Assistant*; therefore, be on the lookout for such articles.

For a visual representation of an example of the new vaccine coding structure and the relationship between the new vaccine product and administration code, see Figure 1.

Figure 1. Relationship Between Vaccine Product and Administration Code(s)



Moreover, the new Appendix Q can be used as a stand-alone "quick reference" guide that will aid health care professionals responsible for administering the new vaccines to accurately report the appropriate code(s). Appendix Q will be accessible on the AMA's website dedicated to COVID-19 resources at https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes.

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

Clinical Example (91300)

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.

Description of Procedure (91300)

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

Clinical Example (0001A)

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.

Description of Procedure (0001A)

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 first 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.

Clinical Example (0002A)

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.

Description of Procedure (0002A)

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 second 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.

Clinical Example (91301)

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.

Description of Procedure (91301)

The physician or other QHP determines that the Moderna SARS-CoV-2 vaccine is appropriate for this patient and dispenses the vaccine according to the dose scheduled in the administration code for the Moderna SARS-CoV-2 vaccine.

Clinical Example (0011A)

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.

Description of Procedure (0011A)

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 first 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.

Clinical Example (0012A)

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.

Description of Procedure (0012A)

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 second 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.

Reference

1. US Department of Health & Human Services. Fact Sheet: Explaining Operation Warp Speed. Content last reviewed on October 28, 2020. https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html. Accessed October 30, 2020.

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