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SPECIAL EDITION: September Update

New COVID-19 Vaccine Codes: September Update

The Current Procedural Terminology (CPT®) codes for additional vaccine products and administration codes from Pfizer and Moderna, as well as a new ready-to-use formulation from Pfizer and its administration have been added to previously established vaccine codes for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]). The CPT Editorial Panel (the Panel) has approved vaccine administration codes for the third dose of the existing Pfizer and Moderna vaccines, which received the Food and Drug Administration's (FDA's) Emergency Use Authorization approval (EUA) on August 12, 2021. In addition, the Panel has approved vaccine product and administration codes for the new Pfizer ready-to-use formulation, the Pfizer booster dose administration codes, and the Moderna vaccine product and booster dose administration codes, which will become effective upon receiving approval from the FDA.

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 CPT Editorial Panel actions. The last COVID-19 update for this publication was in the *CPT® Assistant Special Edition: April Update* (2021) in which vaccine product code 91304 (Novavax, a two-dose vaccine) was established with its corresponding administration codes (0041A, 0042A).

This issue of *CPT® Assistant Special Edition* introduces and provides guidance on the appropriate use of the Pfizer and Moderna third-dose vaccine administration codes (0003A, 0013A); Pfizer's ready-to-use vaccine product code (91305) and its associated administration codes (0051A, 0052A, 0053A); Moderna's lower-dose vaccine product code (91306) and associated booster dose administration code (0064A); and booster dose administration codes for the Pfizer vaccine products (0004A, 0054A).

Immunization Administration for Vaccines/Toxoids

●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/0.3 mL dosage, diluent reconstituted; first dose

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●0002A second dose

●0003A third dose

●0004A booster dose

►(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)◄

►(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305)◄

#●0051A 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/0.3 mL dosage, tris-sucrose formulation; first dose

#●0052A second dose

#●0053A third dose

#●0054A booster dose

►(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)◄

►(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 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/0.5 mL dosage; first dose

●0012A second dose

●0013A third dose

►(Report 0011A, 0012A, 0013A, for the administration of vaccine 91301)◄

#●0064A 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, 50 mcg/0.25 mL dosage, booster dose

►(Report 0064A for the administration of vaccine 91306)◄

Vaccines, Toxoids

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

►(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)◄

►(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A)◄

#✓●91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

►(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)◄

►(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A)◄

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

#✓●91306 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use

►(Report 91306 with administration code 0064A)◄

CPT codes 0003A and 0013A have been created to report administration of a third dose of the Pfizer and Moderna vaccine product, respectively. The Centers for Disease Control and Prevention (CDC) has issued guidance on populations recommended to receive a third dose of the COVID-19 vaccine, which is available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html. CPT codes 0003A, 0013A, and 0053A represent the administration of a third dose of vaccine product when the initial immune response following a two-dose primary COVID-19 vaccine series is likely to be insufficient (eg, immunocompromised). The CDC-recommended third dose of an mRNA COVID-19 vaccine is to be administered 28 or more days from administration of the second dose. However, the physician or other qualified health care professional (QHP) should exercise clinical judgment to determine whether a third dose is appropriate for a given patient.

Newly established COVID-19 vaccine code 91305 describes the existing Pfizer two-dose vaccine in a new formulation that eliminates the need to use a diluent and does not require storage at extremely cold temperatures. This vaccine product also has a three-dose administration schedule (0051A, 0052A, 0053A). Newly established COVID-19 vaccine code 91306 describes the lower dosage of the existing Moderna vaccine product that is currently intended to be used as a booster dose.

CPT codes 0004A, 0054A, and 0064A are used to report the administration of a booster dose of the Pfizer and Moderna vaccine products. These codes represent the administration of a vaccine product when the initial immune response to a primary vaccine series was sufficient but has likely waned over time. The CDC has issued guidance regarding eligibility for a booster dose and when a patient may receive it. This guidance is available at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html.

Note that administration codes 0051A, 0052A, and 0053A may not be reported with vaccine product code 91300, and codes 0001A, 0002A, and 0003A may not be reported with vaccine product code 91305. Parenthetical notes have been added to both code groups 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 third-dose administration codes for the Pfizer and Moderna vaccines (0003A, 0013A), the new Pfizer vaccine product code (91305) and its respective administration codes (0051A, 0052A, 0053A), as well as the respective booster dose administration codes (0004A, 0054A, 0064A) have 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 (0003A)

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 (0003A)

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 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.

Clinical Example (0004A)

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 (0004A)

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.

Clinical Example (0013A)

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 (0013A)

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 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.

Clinical Example (91305)

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 (91305)

The physician or other 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 (0051A)

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 (0051A)

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 (0052A)

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 (0052A)

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 (0053A)

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 (0053A)

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 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.

Clinical Example (0054A)

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 (0054A)

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.

Clinical Example (0064A)

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 (0064A)

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.

Clinical Example (91306)

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 (91306)

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.

The following frequently asked questions reflect questions that may be asked for different scenarios in relation to the new codes and how they should be reported.

Frequently Asked Questions

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

Answer: Note that clinical guidance on mixing vaccines is outside the purview of CPT coding. However, if the first and second dose of the COVID-19 vaccine product administered are represented by a different CPT vaccine product code than the third dose, the physician or other QHP should report the appropriate third-dose vaccine administration code for the vac-cine product provided at the encounter. For example, if a patient receives his or her first two COVID-19 vaccine doses of the Pfizer vaccine requiring a diluent, but receives a

third dose of the Pfizer ready-to-use vaccine without a diluent, then the sequence of vaccine product codes and vaccine administration codes reported would be as follows: 91300 and 0001A; 91300 and 0002A; 91305 and 0053A. More information on current CDC guidance on this issue is available at https://www.cdc.gov/vaccines/covid-19/hcp/faq.html.

Question: *How are the third-dose vaccine administration codes (0003A, 0013A, 0053A) different from booster dose codes?*

Answer: CPT codes 0003A, 0013A, and 0053A represent the administration of a third dose of vaccine product when the initial immune response following a two-dose primary COVID-19 vaccine series is likely to be insufficient (eg, immunocompromised). In contrast, the booster dose codes represent the administration of a vaccine dose when the initial immune response to a primary COVID-19 vaccine series was sufficient but has likely waned over time.

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