

cpt[®] Assistant

Official source for CPT coding guidance

SPECIAL EDITION: December Update

COVID-19 December Update

New Current Procedural Terminology (CPT[®]) codes for vaccine products and administration related to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]) have been established by the CPT Editorial Panel. This was achieved in response to the anticipated widespread clinical utilization of these vaccines to combat the COVID-19 pandemic. In order to assist CPT code users in reporting approved vaccine products and administration, 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 most recent update was in the November CPT[®] Assistant Special Edition: Vaccine Coding Development issue in which two new CPT vaccine product codes (91300, 91301) from Pfizer Inc and Moderna Inc and their associated administration codes (0001A, 0002A, 0011A, 0012A) were approved and published to the AMA CPT website. The Food and Drug Administration (FDA) recently issued its Emergency Use Authorization (EUA) for the Pfizer vaccine effective December 11, 2020. For December, a new vaccine code (91302) for the AstraZeneca vaccine product has been established along with two new administration codes (0021A, 0022A). These new vaccine product and administration codes will be effective upon receiving the EUA or approval from

the FDA. This article provides guidance on the appropriate use of these new codes.

Immunization Administration for Vaccines/Toxoids

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, 91302 unless both a severe acute respiratory

continued on next page

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)◀

●0021A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage; first dose

●0022A second dose

▶(Report 0021A, 0022A for the administration of vaccine 91302)◀

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/0.3mL 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)◀

#/●91302 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use

▶(Report 91302 with administration codes 0021A, 0022A)◀

Previously established codes 91300 and 91301 described utilizing messenger RNA (mRNA) in a lipid nanoprotein vector (mRNA-LNP), which differs from the new vaccine code 91302. Instead, code 91302 utilizes viral DNA in a simian/chimpanzee adenovirus vector. Code 91302 has a two-dose regimen similar to codes 91300 and 91301, however, the dosage described in new code 91302 is different. Specifically, code 91302 has a dosage regimen of 5x10¹⁰ viral particles per 0.5mL dose. The new administration codes follow the same structure as described in the November *CPT® Assistant Special Edition: Vaccine Coding Development* issue.

To accommodate the new coding structure, a new Appendix Q has been added to the CPT code set. Appendix Q lists the vaccine codes, their associated vaccine administration code(s), the vaccine manufacturer and name, the National Drug Code (NDC) labeler product ID, and dosing interval. The two previously established vaccine product codes and their respective administration codes can be found in Appendix Q. The AstraZeneca vaccine product code (91302) and its respective administration codes (0021A, 0022A) have also been added to Appendix Q. Currently, only COVID-19 related vaccines and administration codes are included in Appendix Q.

Additional details on the new 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 (91302)

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 (91302)

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 (0021A)

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 (0021A)

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 (0022A)

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 (0022A)

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.

Coding Correction: Special Edition for Vaccine Coding Development

In the November *CPT® Assistant Special Edition: Vaccine Coding Development* issue, which discussed the new COVID-19 vaccine codes (91300, 91301), pages 4 and 5 contained an error. The descriptions of procedural work for both codes incorrectly specified and listed the vaccine manufacturers' names, ie, Pfizer and Moderna. However, the incorrect inclusion of the vaccine manufacturers' names does not render the description of the procedure incorrect or affect the accuracy of the typical scenarios described. See the following revised description of procedures for both codes.

Description of Procedure (91300)

The physician or other qualified health care 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.

Description of Procedure (91301)

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.

AMA Plaza
330 North Wabash Avenue
Chicago, Illinois 60611-5885

NON-PROFIT ORG
U.S. POSTAGE
PAID
AMERICAN MEDICAL
ASSOCIATION

cpt[®] **Assistant**



Official source for CPT coding guidance

AMA Staff

Leslie W. Prellwitz, MBA, CCS, CCS-P, Managing Editor
Rejina Young, Editorial Assistant

Contributing Staff

Jennifer Bell; Andrei Besleaga; Karen O'Hara; Leslie W. Prellwitz; Keisha Sutton-Asaya; Donna Tyler; Arletrice Watkins; Rejina Young

Development and Production Staff

Mary Ann Albanese; Elizabeth Goodman Duke; Lisa Chin-Johnson; Katharine Dvorak; Elizabeth Kennedy

Order Information

1 year (12 issues)	
AMA Members*....\$149	Nonmembers....\$199
2 years (24 issues)	
AMA Members*....\$205	Nonmembers....\$299
Back Issues	
AMA Members*....\$14.95	Nonmembers....\$19.95

Discount prices online at amastore.com

Phone Orders:

Call (800) 621-8335 Fax (312) 464-5000.

*To receive the member price, please provide the member's number.

To change address information, please call AMA's Customer Services Department at (800) 621-8335.

Notification of change of address must be made at least six weeks in advance.

AMA website: www.ama-assn.org

Mailing address:

CPT Assistant
AMA Plaza
330 North Wabash Avenue
Chicago, IL 60611-5885

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.

©2020. American Medical Association. All rights reserved. No part of this publication may be reproduced in any form without prior written permission of the publisher. CPT[®] is a registered trademark of the American Medical Association.