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SPECIAL EDITION: January Update

New COVID-19 Vaccine Codes: January Update

New Current Procedural Terminology (CPT[®]) codes for a new vaccine product from Janssen and its administration have been added to the previously established vaccine codes for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]). The CPT Editorial Panel has approved the latest vaccine product code, which will become effective upon receiving the Emergency Use Authorization (EUA) or approval from the Food and Drug Administration (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 most recent COVID-19 update was in the *CPT[®] Assistant Special Edition: December Update* (2020) in which vaccine product code 91302 (AstraZeneca, two dose vaccine) was established with its corre-

sponding administration codes (0021A, 0022A). This article introduces the Janssen single dose vaccine code (91303) and its associated administration code (0031A). It also 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)

continued on next page

(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, 91303 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)◀

- 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, 5×10^{10} viral particles/0.5mL dosage, single dose

►(Report 0031A 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, 5×10^{10} viral particles/0.5mL dosage, for intramuscular use

►(Report 91303 with administration code 0031A)◀

Previously established COVID-19 vaccine codes 91300 and 91301 describe the use of messenger RNA (mRNA) in a lipid nanoprotein vector (mRNA-LNP) and code 91302 utilizes viral DNA in a chimpanzee adenovirus vector. Each of these vaccines has a two-dose regimen that requires separate administration codes for each dose. However, the new Janssen vaccine product (91303) is different in that it is a

single dose vaccine that only requires a single administration (0031A). The vaccine uses recombinant, replication-incompetent human adenovirus type 26 (Ad26) as the vector and is designed to encode the SARS-CoV-2 spike protein. The vaccine described in code 91303 has a dosage regimen of 5×10^{10} viral particles/0.5mL per dose.

To accommodate the new coding structure, a new Appendix Q has been 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 Janssen vaccine product code 91303 and its respective administration code 0031A 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 (91303)

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 (91303)

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 schedule in the administration code for the SARS-CoV-2 vaccine.

Clinical Example (0031A)

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 (0031A)

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 single 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.

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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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