October 29, 2021

Dear Payer:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write today to request that you update your claims systems, fee schedules, and coding edits in advance of the roll-out of COVID-19 vaccines to children ages 5 to 11. This preparation is essential to support pediatrics in their vital role administering vaccines to the community and providing care to children and families during the public health emergency (PHE).

To ensure that pediatric practices have adequate staffing, time, and resources to sufficiently counsel and administer the COVID-19 vaccine, the AAP urges payers to do the following:

- Proactively update your systems with the new vaccine codes
- Pay at or above the Centers for Medicare & Medicaid Services (CMS) rates as of the date of service for all COVID-19 immunization administration codes
- Pay for COVID-19 vaccine counseling even if the vaccine is not administered
- Update coding edits in alignment with Medicare’s National Correct Coding Initiative (NCCI) methodology to allow for the use of modifier 25 on 99211 when also reporting routine immunization administration codes

Payment for COVID-19 Immunization Administration for Children Ages 5-11

The CPT® code set has recently been updated with new codes for the vaccine product and vaccine administration for the Pfizer COVID-19 vaccine for children ages 5 to 11 (https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes). CPT code 91307 indicates the vaccine product, and codes 0071A and 0072A should be used for administration of the first and second doses of the vaccine.

Following are the long descriptors for the codes as listed on the AMA website:

91307  Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [coronavirus disease [COVID-19]] vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

0071A  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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
0072A  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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

CMS has published a rate of $40 for CPT codes 0071A and 0072A during the PHE (https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies). To prepare for the roll-out of the COVID-19 vaccine for children ages 5 to 11, we urge you to update your claims systems immediately with these new codes and pay adequately, at or above the CMS rate, for all COVID-19 immunization administration codes as soon as providers start administering these vaccines.

Payment for COVID-19 Vaccine Counseling
Advising parents and family members on the critical importance of COVID-19 vaccination can require substantial practice time and resources, and payment should not be a barrier to administration and counseling for COVID-19 vaccines. Decades of experience show that a pediatric medical home is the best place for children to receive vaccines, where children and their caregivers can have their questions and concerns addressed by a trusted physician. This will be particularly important with younger children as the parents and caregivers of these children will likely have more questions to discuss compared to older children. No one is better positioned to talk to families about the importance of COVID-19 vaccination than our nation’s pediatricians. For some families, deciding to receive a COVID-19 vaccine will require considerable counseling to fully address their questions and concerns. In some cases, pediatricians will ultimately administer the vaccine in that visit—not just to the child but also their parent or grandparent. For others, families may choose to receive the vaccine at a later time or at another site after further consideration of the vaccine counseling information. In such instances, the pediatrician’s time spent counseling is not compensated.

To remove barriers for practices to administer COVID-19 vaccines and promote widespread uptake of COVID-19 vaccines, pediatricians should be adequately paid for counseling patients about COVID-19 vaccines even if the vaccine is not administered during that visit, as the North Carolina Medicaid program has done. North Carolina Medicaid pays for CPT code 99401 for clinician counseling of Medicaid enrollees on the benefits of receiving the COVID-19 vaccine, even if the vaccine is not administered in conjunction with the counseling (https://medicaid.ncdhhs.gov/blog/2021/09/24/special-bulletin-covid-19-184-update-vaccination-counseling-code-reimbursement). This is in addition to payment for COVID-19 vaccine administration. Counseling for COVID-19 vaccines can be billed once per visit per member per day but with no limits on how many times counseling can be provided per member, which can take place in-person, via telehealth care, or over the telephone. This is important as some families only agree to vaccinate their child after several counseling sessions. To help support vaccine counseling and ultimately vaccine confidence and uptake, we encourage you to pay for CPT code 99401, or 99402-99404 if more time is spent on counseling, even if the COVID-19 vaccine is not administered.
Coding Edits for CPT 99211 with Routine Immunization Administration Codes
As of October 1, 2021, CMS agreed to change the modifier indicator from 0 to 1 when pairing code 99211 with 90460, 90461, and 90471-90474. This was done as a result of CMS recognizing that 99211 should be reported when a COVID-19 test is administered and that there may be instances where a COVID-19 test is required or indicated during a routine vaccine administration encounter. The 99211 must be billed with modifier 25 to override the edit. We encourage you to update your claims systems to reflect this change in order for pediatricians to be paid appropriately if giving routine vaccines along with administering a COVID-19 test.

The AAP, AAP state chapters, and our pediatrician members have been working tirelessly on countless fronts during this pandemic, from advising on the roll-out and distribution of COVID-19 vaccine, to lending our voices to promote the safety and efficacy of the vaccines, to participating in community vaccination efforts and administering COVID-19 vaccines in our practices. We urge you to update your systems and adopt these policies quickly so that together, we can get more children vaccinated and curb the COVID-19 pandemic. Please contact Teresa Salaway, senior health policy analyst, at tsalaway@aap.org with any questions or concerns.

Sincerely,

Lee Savio Beers, MD, FAAP
President

LSB/TJS