ADA Guide to CDT's "COVID-19" Vaccination Procedure Codes

This guide is published to educate dentists and others in the dental community on the available CDT codes for documenting and reporting delivery of a COVID-19 vaccine within a dental practice. Please note that this guidance is evolving and the content herein was last reviewed on March 22, 2022.

Introduction

By special resolution approved by the ADA Code Maintenance Committee (CMC) during its March 10-11, 2022 Annual Meeting the following entries are now part of the current version of the *Code on Dental Procedures and Nomenclature* – CDT 2022. They are included in the Preventive category of service, within their own subcategory – Vaccinations.

D1708 Pfizer-BioNTech Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3

D1709 Pfizer-BioNTech Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER

D1710 Moderna Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3

D1711 Moderna Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER

D1712 Janssen Covid-19 vaccine administration - booster dose
SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER

D1713 Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1

D1714 Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose
SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2

These seven codes are in addition to those already published in CDT 2022 –

D1701 Pfizer-BioNTech Covid-19 vaccine administration – first dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1

D1702 Pfizer-BioNTech Covid-19 vaccine administration – second dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2

D1703 Moderna Covid-19 vaccine administration – first dose
SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1

D1704 Moderna Covid-19 vaccine administration – second dose
SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2

D1705 AstraZeneca Covid-19 vaccine administration – first dose
SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1

D1706 AstraZeneca Covid-19 vaccine administration – second dose
SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2

D1707 Janssen Covid-19 vaccine administration
SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE

This suite of 14 codes enables granular reporting into state and national vaccination tracking mechanisms for surveillance purposes, as well as on patient records and claim submissions.

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In 2021, the U.S. Department of Health and Human Services amended an emergency declaration under the Public Readiness and Emergency Preparedness Act to authorize additional providers, including dentists and dental students, to vaccinate patients for COVID-19 nationwide. Read more about this announcement in the ADA News.

Questions and Answers

1. Does the existence of these CDT codes mean that I must deliver COVID-19 vaccinations in my practice?

   No. A dentist's decision to deliver a vaccination is a professional decision.

2. What reimbursement for the vaccination procedures should I expect from a patient's medical or dental benefit plan?

   In general reimbursements, if any, depend on the payer offering the patient's benefits. An eligibility and coverage inquiry is necessary to determine what portion of the procedure's cost would be reimbursed by the plan. Coordination of benefits may be necessary and it is likely that the medical carrier may be the primary payer for patients with employer sponsored or other private coverage. It is important to check with the patient medical insurance carrier and their dental benefits administrator under these circumstances. A commercial insurance company is subject to regulatory requirements that must be satisfied before a reimbursement could be offered.

   Some Medicaid programs have reimbursement policies in place, and this varies by state. The Centers for Medicare and Medicaid Services (CMS) has issued the following guidance regarding payment for COVID vaccine administration across payers.

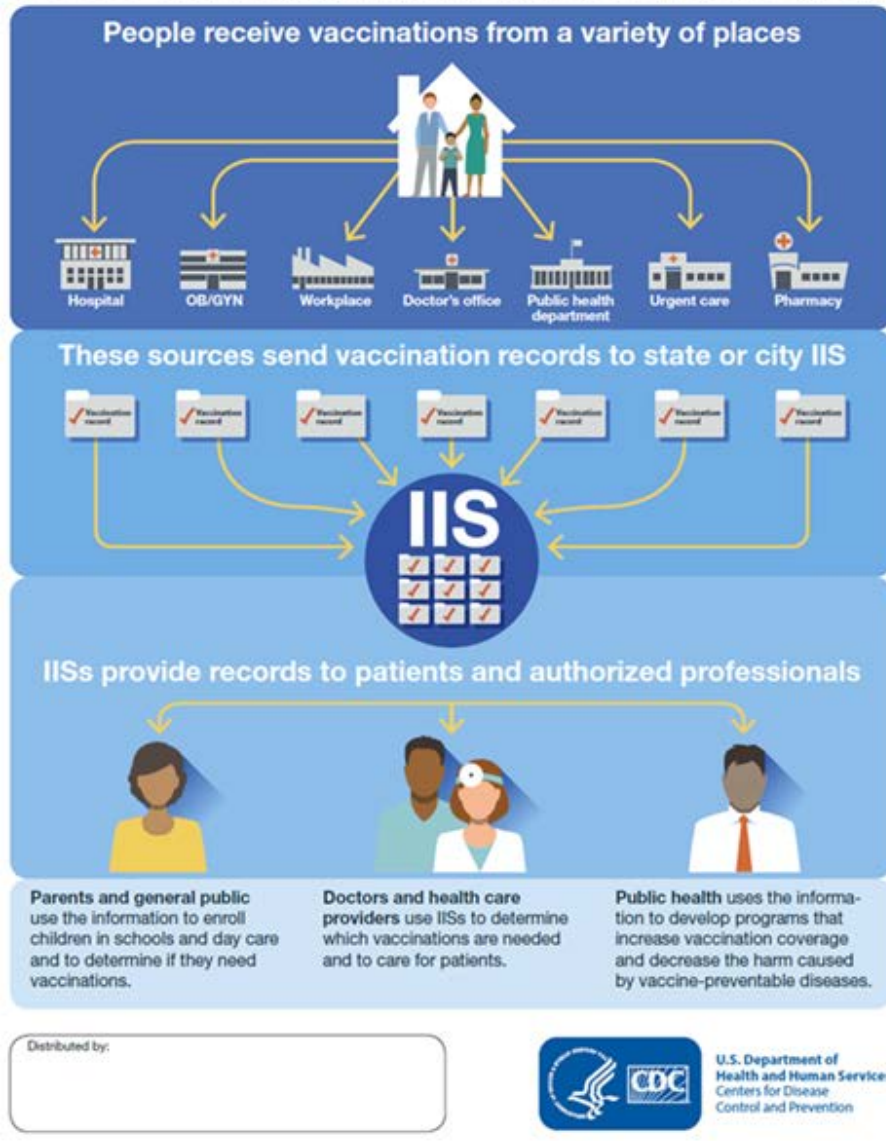3. What are the applicable state or federal reporting requirements?

   The existing Immunization Information Systems (IIS) data capture and reporting applications are being used to capture information about COVID-19 vaccine administration. Information about the IIS and how it is used is posted by the Centers for Disease Control (CDC) at –

   https://www.cdc.gov/vaccines/programs/iis/about.html

   Dentists who vaccinate patients in their practice must contact their state health department to understand that jurisdiction's reporting requirements as they vary between states. Each state then reports its data to the CDC to support federal monitoring requirements.

   The following CDC graphic is an overview of the reporting process.

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Basics of Immunization Information Systems (IISs)

People receive vaccinations from a variety of places

Hospital | OB/GYN | Workplace | Doctor's office | Public health department | Urgent care | Pharmacy

These sources send vaccination records to state or city IIS

IIS

IISs provide records to patients and authorized professionals

Parents and general public use the information to enroll children in schools and day care and to determine if they need vaccinations.

Doctors and health care providers use IISs to determine which vaccinations are needed and to care for patients.

Public health uses the information to develop programs that increase vaccination coverage and decrease the harm caused by vaccine-preventable diseases.

Distributed by:

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Why are there so many separate CDT codes for the vaccination procedure, and why are their nomenclatures and descriptors so different from other code entries?

Neither the ADA Dental Claim Form (paper) or the HIPAA standard electronic dental claim (X12 837D v5010) are able capture all data required for state and federal vaccination monitoring. Such required data includes the National Drug Code schema that identifies both the vaccination manufacturer, technology, dose and sequence of administration and dosage. Wording of the CDT code nomenclatures and descriptors captures this information, which means that there is no need for any supporting narrative or modification to existing practice management software. The CMC made an exception in approving these product specific codes due to the public health emergency and the recognition that dentists are part of the healthcare system capable of contributing to supporting vaccinations of the U.S. population.

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5. How will these new codes be loaded into my practice management system (PMS)?

    A frequent PMS feature is the ability to accept direct code list updates by dental practice staff, and you may already be using this feature to create proprietary codes for administrative and record keeping purposes. The COVID vaccination procedure codes can be entered by your office staff immediately.

    An alternative is a software update (scheduled or purchased) from your PMS vendor. Each vendor has their own update schedule; contact your vendor's customer service representative for more information.

6. Will there be additional codes in CDT when other COVID-19 vaccines become available?

    Yes. The current schema requires a unique code that identifies both the vaccine and whether delivery is for the first dose and second dose for multiple dose protocols, or for a single dose when that protocol applies. There is no timetable for additional codes as the need depends on the FDA's Emergency Use Authorization (EUA) for additional vaccines.

7. Some vaccines are administered in a single dose and others in two doses – an initial with a booster some number of days after. How is vaccine delivery reported in these different scenarios?

    There are different codes for single and multiple dose scenarios, and they are readily identified by nomenclature and descriptor wording. The applicable code is documented in the patient record (and reported on a claim submission, when applicable) when the vaccine is administered, and the documentation includes the actual date of service.

8. What fee should I charge for the service provided?

    You, or the professional entity for which you work, are responsible for determining the appropriate fee for the service provided. Report the same full fee on a claim submitted to the patient's benefit plan.

9. How would I file a claim for the vaccination procedure with the patient's medical benefit plan if there is no dental plan benefit available?

    A dentist who provides any services within the scope of her or his licensure may seek reimbursement from the individual or entity with financial responsibility for the patient. Although the patient has ultimate financial responsibility, the cost of necessary care may be covered in full or in part by any available benefit plan — dental or medical.

    Filing claims against a patient's medical benefit plan uses formats and code sets that differ significantly from those used for dental benefit plan claim filing. This guidance, in the form of questions and answers, is relevant to filing a vaccination claim against a patient's medical benefit plan.

    a) **I do not have a participating provider agreement with my patient's medical benefit plan — does that mean I may not provide or submit a claim for services provided?**

        Your participating provider status with the medical benefit plan generally does not prohibit the delivery of care and submission of a claim. For reimbursement purposes you would likely be considered a non-network provider.

    b) **Must I submit the claim directly to the patient's medical benefit plan?**

        As a non-participating provider you are not required to submit the claim, but you may wish to do so as a courtesy to your patient. However, assignment of benefits may not be an option. It is important to check with the carrier in these circumstances.

    c) **Is claim submission the same for dental benefit plans and medical benefit plans?**

        No, there are unique forms, formats and processes for submitting claims to medical benefit plans. They differ from submissions to dental benefit plans.

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d) **If I am not a medical benefit plan participating provider may I use the HIPAA standard electronic medical claim format, and what about paper claims?**

Yes, a third-party payer must under HIPAA regulations accept an electronic claim from any provider who wishes to submit using the standard transaction format, which is known as the 837P (Professional). The paper claim form is commonly referred to as the "1500 Health Insurance Claim Form" or the "CMS-1500" or simply the "1500."

e) **How do I access the medical claim formats?**

Your practice management software is the first place to look, as some PMS have the capability to prepare both dental and medical claims. Check with your vendor for guidance, especially if you would prefer to prepare and submit an electronic medical claim — the HIPAA standard 837P — as technical programming expertise is necessary. Your current electronic transaction clearinghouse may also be able to assist, especially with establishing the same type of connections with medical third-party payers as you have with dental payers.

Should you consider preparing and submitting paper medical claims, completion instructions for the "1500" form are posted online – American Medical Association. This website includes a sample form illustration and other information related to medical claim submission. Printed copies of the blank form are available from numerous form vendors (e.g., CMS; Quill; Office Depot).

f) **What are the key medical code sets pertaining to COVID vaccination that I should know about before filing a medical benefit claim?**

There are a number of different code sources and values, and information about specific codes and their use when preparing a medical benefit claim is subject to ongoing update.

Current information on medical procedure codes for vaccinations (CPT) and the vaccine agent (National Drug Codes/NDC) is available from the AMA at the following web sites –

- https://www.ama-assn.org/find-covid-19-vaccine-codes
- CPT Assistant Coding Guide (ama-assn.org)

Additional information about coding for vaccinations is available at the following CMS web site –https://www.cms.gov/medicare/covid-19/coding-covid-19-vaccine-shots

10. Why is there a code for the AstraZeneca vaccine when it has not received an EUA from the FDA for use in the United States?

Healthcare code sets of all types are undergoing maintenance and updates to enable reporting of COVID-19 vaccines that have already received an FDA Emergency Use Authorization, as well as those where an FDA EUA is expected. The reason for this is to avoid delays or gaps in timely and accurate reporting of vaccinations during the public health emergency.

Vaccine development and testing continues – and the expectation is that there will be additional CDT codes created for these agents.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

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