



CPT Codes from a Manufacturer Perspective – Process and Importance

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3 Key Questions



- What are CPT Codes and why are they important?



- How are CPT codes used for vaccines?



- How do you get a CPT code for a vaccine?



CPT codes create uniform language for coding medical services and procedures and administrative management purposes.



- Short for **Current Procedural Terminology** codes
- Developed and maintained by the **American Medical Association (AMA)**
- Used to describe medical, surgical, diagnostic, and therapeutic procedures and services performed by healthcare providers
- AMA CPT Editorial Board Panel typically meets 3 times per year



There are three categories of CPT Codes – most immunizations fall into Category I.






Category I – Common, accepted procedures

Category II – Performance tracking and quality measures


Category III – Emerging technologies or experimental procedures



CPT codes are important for billing and reimbursement, data collection and research, and standardization.


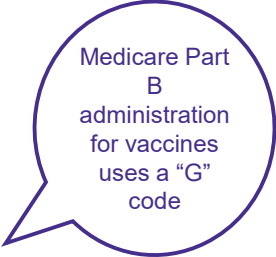


Vaccine CPT codes are broken into two categories: Product Codes and Administration Codes



Product Codes	
90476 – 90759	Identify individual vaccine products

Administration Codes	
90460	Vaccine counseling for individuals through 18 years
90471 – 90474	Codes for administration without counseling or adult administration
90461	Add on code for additional antigens



Applying for CPT codes is a long process with several interim steps.



1. Determine CPT Code Type
2. Meet CPT Code Criteria
3. Submit Code Change Application
 - **Applications must be submitted 12 weeks prior to scheduled meeting**
4. Attend CPT Editorial Panel Meeting
5. Publication of CPT Code
 - Decision finalized few weeks after meeting
 - Accepted codes announced 1-2 months after
 - CPT codes updated annually
 - Exceptions made for Category III codes and those with public health impact
6. Coordinate Payment and Reimbursement

In total, this process can take 12-18 months from start to finish.

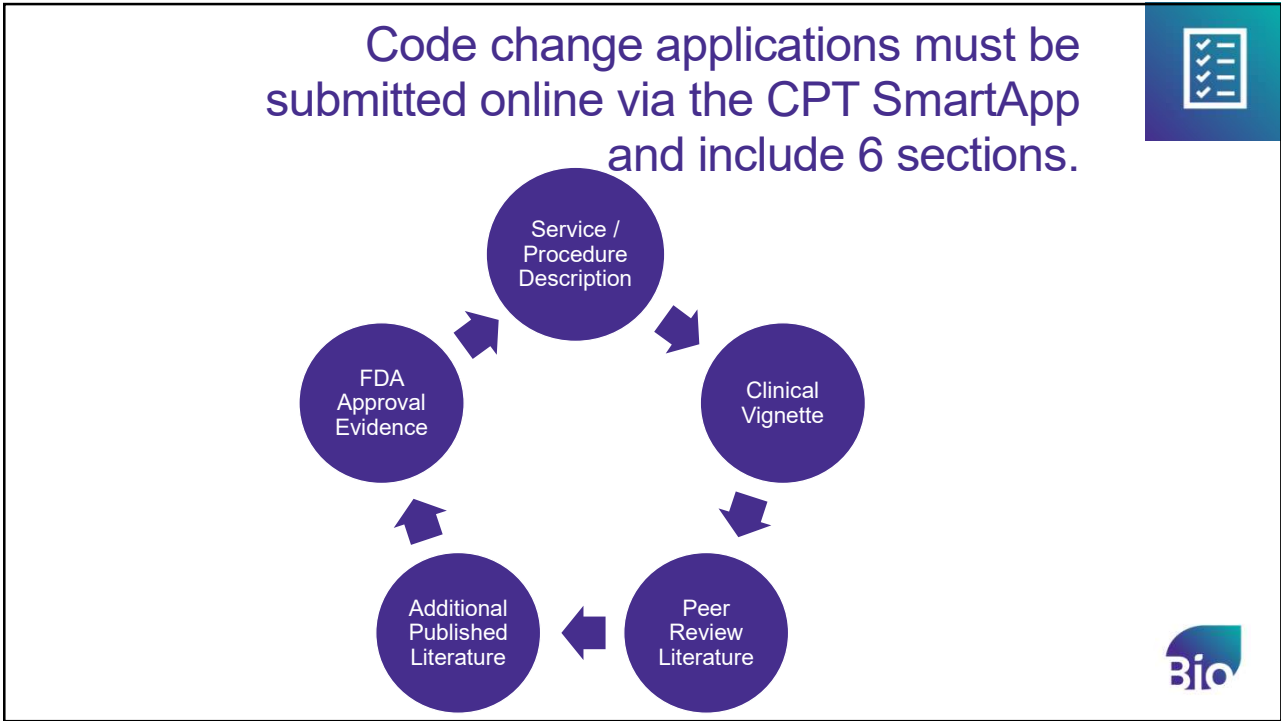


A proposal for a new or revised Category I code must satisfy 5 criteria.



- ✓ All devices and drugs necessary for performance of the procedure or service have **received FDA clearance or approval** when such is required for performance of the procedure or service.
- ✓ The procedure or service is **performed by many physicians** or other qualified health care professionals across the United States.
- ✓ The procedure or service is **performed with frequency** consistent with the intended clinical use (i.e., a service for a common condition should have high volume).
- ✓ The procedure or service is **consistent with current medical practice**.
- ✓ The **clinical efficacy of the procedure or service is documented in literature** that meets the requirements set forth in the CPT code-change application.



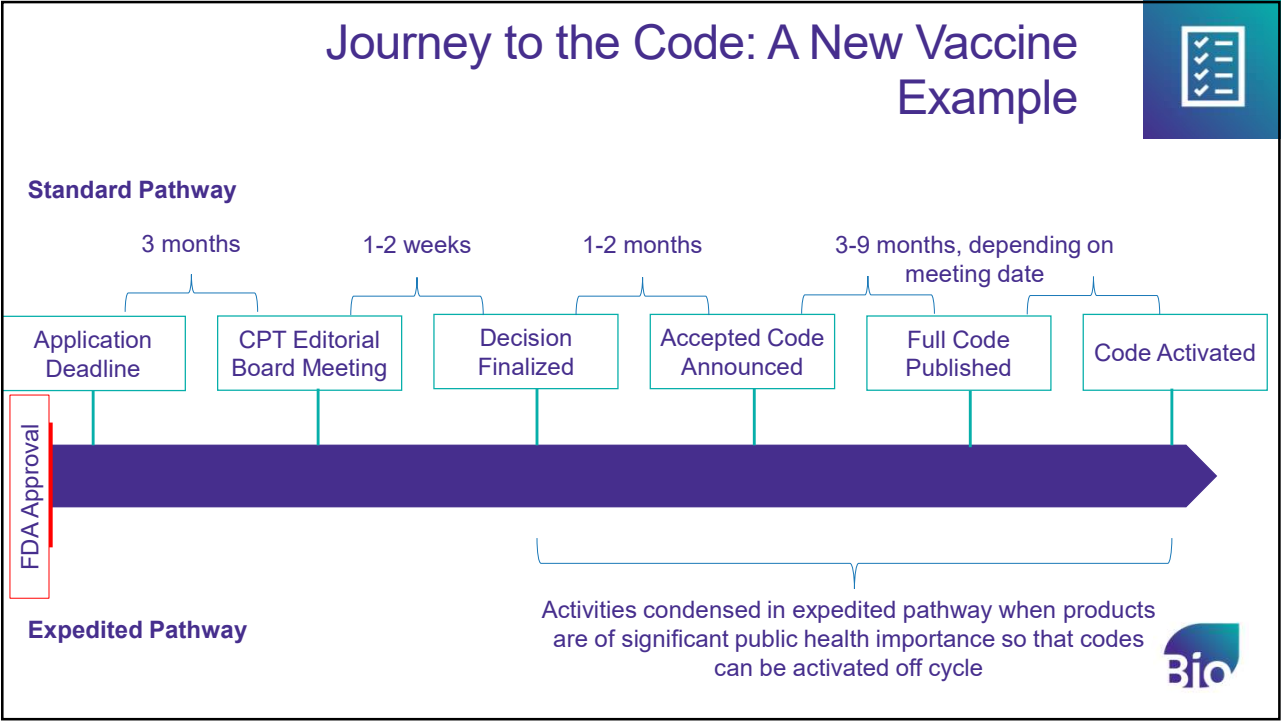


Category I CPT codes may not be issued until FDA approval; however, several proactive steps from manufacturers speed the process.

What can manufacturers do pre-FDA approval?

1. Apply for a Category III CPT Code
2. Prepare Dossier Materials and Proposed Code Descriptor
3. Engage stakeholders for letters of support
4. Engage with AMA and CMS

Bio



Questions?