

CODING FOR IMMUNIZATION SERVICES

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Faculty Disclosure Information

Neither I nor any member of my immediate family currently have or have had in the past 2 years a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation.

OBJECTIVES

1. Be able to differentiate when and how to use the 6 vaccine administration codes and how private payers and Medicaid differ
2. Be able to properly code for vaccine products
3. Understand how to handle administering of new vaccine products to ensure payment from payers or families
4. Learn how to code for vaccine-only encounters and how private payers and Medicaid differ



I will try to make this as painless as possible!!



CPT AND ICD-9/10-CM CODING

Importance of Accurate Vaccine Coding

- ▶ Allows possibility for increased/appropriate payment
- ▶ Decreases provider/practice liability
- ▶ Improves information flow

ICD REPORTING

VACCINES AND ICD-9-CM REPORTING

- ▶ When reporting vaccines and vaccine administration codes to payers what ICD-9-CM codes are required?
 - ▶ Under ICD-9-CM guidelines, only **V20.2** is required when giving vaccines at the patient's well-baby or well-child exam
 - ▶ Codes **V03-V05** were developed to link to the specific vaccines and administration when given outside of a routine well-baby or well-child exam
- ▶ However, payers still require during routine well-baby or well-child exams, which goes against ICD guidelines

VACCINES AND ICD-10-CM REPORTING

- ▶ When ICD-10-CM is implemented (OCTOBER 1 2015) there will only be a single code for vaccine administration.
- ▶ Report **Z23** for all vaccines regardless of when they are given (ie, either at a well-check or other encounter).

VACCINATION NOT CARRIED OUT

- ▶ ICD-9-CM and ICD-10-CM contain codes that allow the physician to report vaccinations that have NOT been administered
- ▶ Report as secondary diagnosis codes

VACCINATION NOT CARRIED OUT

| <u>ICD-9-CM</u> | <u>Description</u> | <u>ICD-10-CM</u> |
|-----------------|-------------------------------------|------------------|
| V64.00 | Unspecified reason | Z28.20 |
| V64.01 | Acute illness | Z28.01 |
| V64.02 | Chronic illness or condition | Z28.02 |
| V64.03 | Immune compromised state | Z28.03 |
| V64.04 | Allergy to vaccine or components | Z28.04 |
| V64.05 | Caregiver refusal | Z28.82 |
| V64.06 | Patient refusal | Z28.21 |
| V64.07 | Religious reasons | Z28.1 |
| V64.08 | PT had disease being vaccinated for | Z28.81 |
| V64.09 | Other reason | Z28.89 |

VACCINATION NOT CARRIED OUT (VIGNETTE: ICD-9-CM)

Father brings his 12-month old daughter for her preventive medicine visit, where she is due for the MMR vaccine and the varicella vaccine. The physician discovers that the patient has already had chickenpox and, therefore, only administers and counsels on the MMR vaccine.

99392 Preventive medicine service, established patient, 1-4 years

Link to:

V20.2 Routine infant/child health check

V05.4 Need for prophylactic vaccination and inoculation against single diseases; varicella

V64.08 Vaccination not carried out because patient already had disease

90707 MMR vaccine, live, for subcutaneous use

90460 IA; first vaccine component

90461 x 2 IA; each additional vaccine component

Link each one to:

V20.2

VACCINATION NOT CARRIED OUT (VIGNETTE: ICD-10-CM)

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99392 Preventive medicine service, established patient, 1-4 years

Link to:

Z00.129 Routine infant/child health check without abnormal findings

Z23 Encounter for immunization

Z28.81 Vaccination not carried out because patient already had disease

90707 MMR vaccine, live, for subcutaneous use

90460 IA; first vaccine component

90461 x 2 IA; each additional vaccine component

Link each one to:

V20.2

ICD-10-CM CODING

- ▶ A 6 year old presents to their pediatrician for their atopic dermatitis. During the encounter the pediatrician determines they need their influenza vaccine. The physician counsels and it is given.

L20.89 Other atopic dermatitis

Z23 Encounter for immunization

ICD-10-CM CODING

- ▶ A 6-month old presents for their well child check. The baby is healthy and vaccines are ordered.

Z00.129 Encounter for routine child health examination without abnormal findings

Z23 Encounter for immunization

CPT

- ▶ *Current Procedural Terminology*[®]
(CPT): A listing of descriptive terms and identifying codes for reporting medical services and procedures
- ▶ For each vaccine administered, report one CPT code for the vaccine product **and** at least one CPT code **for the administration**.

CPT[®] is a registered trademark of the American Medical Association

PEDIATRIC IMMUNIZATION ADMINISTRATION

PEDIATRIC IMMUNIZATION ADMINISTRATION

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 component

(Use **90461** in conjunction with **90460**)

“OQHCP”

“A ‘physician or other qualified health care professional’ is an individual who by education, training, licensure/regulation, and facility privileging (when applicable) who performs a professional service within his/her scope of practice and **independently reports a professional service**. These professionals are distinct from ‘clinical staff.’”

“A **clinical staff** member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service. Other policies may also affect who may report specified services.”

VACCINE COMPONENTS

- ▶ A component refers to each antigen in a vaccine that prevents disease(s) caused by one organism (see codes **90460** and **90461**). Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above. Multivalent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines.

COMMONLY ADMINISTERED VACCINES

| Vaccine | Components | IA Codes Reported |
|-----------------------------|------------|---------------------|
| HPV | 1 | 90460 |
| Influenza | 1 | 90460 |
| Meningococcal | 1 | 90460 |
| Pneumococcal | 1 | 90460 |
| Td | 2 | 90460 and 90461 |
| DTaP or Tdap | 3 | 90460 and 90461 x 2 |
| MMR | 3 | 90460 and 90461 x 2 |
| MMRV | 4 | 90460 and 90461 x 3 |
| DTaP-Hib-IPV (Pentacel) | 5 | 90460 and 90461 x 4 |
| DTaP-HepB-IPV (Pediarix) | 5 | 90460 and 90461 x 4 |

If both of the criteria for reporting **90460/90461** are not met, meaning:

1. Patient is 19 years of age or older
or
2. Physician or other qualified health care professional does not counsel

Then report.....

NON-AGE SPECIFIC IMMUNIZATION ADMINISTRATION

90471 – Immunization administration; one vaccine (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections)

+90472 - each additional vaccine

90473 - Immunization administration, by oral or intranasal route; one vaccine

+90474 - each additional vaccine

NON-AGE SPECIFIC IMMUNIZATION ADMINISTRATION

- ▶ Report **90472** in addition to **90471** or **90473**
- ▶ Report **90474** in addition to **90471** or **90473**
- ▶ Do not report **90471** with **90473**

IA CODE DISTINCTIONS

| | 90460-90461 | 90471-90474 |
|--|-------------|-------------|
| Requires Physician or OQHCP Counseling | ✓ | |
| Reported Based on Route of Administration | | ✓ |
| Reported Per Component | ✓ | |
| Reported Per Vaccine | | ✓ |
| Specific Age Requirement (18 years or younger) | ✓ | |

COUNSELING AND IA

- ▶ The physician or OQHCP must document that all vaccine components that were counseled on. Documentation should reflect what was done, including:
 - ▶ Guardian/Patient receipt of the VIS
 - ▶ Risks/Benefits of vaccine components discussed
 - ▶ Issues or concerns addressed by parents
 - ▶ Care plan over the next few days to deal with possible side effects of each component and when to call the office
 - ▶ This is just guidance, not official documentation guidelines.

COUNSELING AND IA

- ▶ If your physician or other qualified health care professional does not counsel on all vaccines given, then you cannot report the **90460/90461** for all of them. Only report the **90460/90461** for those counseled on.
- ▶ For those vaccines not counseled, defer to the **90471-90474**
- ▶ CPT guidelines state to report **90472** or **90474** in addition to **90460**
- ▶ Example: Your physician counsels a mom on the MMR, but not the annual influenza (intranasal)
 - ▶ Report **90460** and **90461** x2 (MMR)
 - ▶ Report **90474** (intranasal influenza)

VACCINE PRODUCTS

VACCINES/TOXOID PRODUCT CODES

- ▶ Found in the Medicine Section of the CPT manual
- ▶ **90476 – 90749**
 - ▶ Identify the specific vaccine product only
 - ▶ Use in addition to administration codes
- ▶ Codes for common vaccines:
 - ▶ DTaP (**90700**)
 - ▶ IPV (**90713**)
 - ▶ Varicella (**90716**)
 - ▶ Hepatitis B (**90744**)

VACCINE PRODUCT CODES

- ▶ Released twice per year (**January and July**) to accommodate new vaccines (AMA Site)
 - ▶ Codes posted on January 1st become effective the following July 1st
 - ▶ Codes posted on July 1st become effective the following January 1st
- ▶ Vaccine product codes are often released before the vaccine is on the market
- ▶ ✈ Indicates a vaccine is pending FDA approval
- ▶ **Refer to the AMA site for updated lists:** <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-i-vaccine-codes.page>

VACCINES PRODUCT CODES

- ▶ **REMEMBER:** Without FDA approval and the CDC's Advisory Committee for Immunization Practices (ACIP) or AAP/AAFP *routine* recommendations a vaccine will not be covered by most, if not all payers!
- ▶ For more information:
 - ▶ **CDC/ACIP**
<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
 - ▶ **AAP**
<http://aapredbook.aappublications.org/site/news/vaccstatus.xhtml>

VACCINE PRODUCTS

- ▶ Report the CPT code that most accurately identifies the vaccine product you are administering
- ▶ Look at:
 - ▶ Product (combination versus single component)
 - ▶ Disease targeted (eg, hepatitis B)
 - ▶ Dosing schedule (eg, 2-dose or 3-dose)
 - ▶ Chemical formulation (eg, polysaccharide or conjugate)
 - ▶ Route of administration (eg, subcutaneous or intramuscular)

VACCINE PRODUCTS

Combination Versus Single Component Vaccines

- ▶ If you are administering a vaccine product that contains a combination of vaccines (eg, MMR), you must report the appropriate *combination* vaccine product code
- ▶ It is *not* appropriate to separately report each component of the vaccine with a different vaccine product code

Vaccine Product changes

CPT SYMBOLS FOR UPDATES

- ⚡ = FDA approval pending
- = New code
- ▲ = Revised code
- # = Resequenced code

VACCINE PRODUCT UPDATES FOR 2015

► Revisions:

MANY codes were revised (▲) in the vaccine product section to align with official CDC language - however the underlying use of the code has not changed

Effective **July 1, 2015** – Published in *CPT 2016*

- ▲90716 Varicella virus vaccine (VAR), live, for subcutaneous use
- ▲90687 Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use
- ▲90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV) (9vHPV), 3 dose schedule, for intramuscular use
- ▲90680 Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use

VACCINE PRODUCT CHANGES FOR 2015

► New Codes

- #●90625 Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use {Implemented Jan 1, 2015 - *CPT 2016*}
- #●90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use {Implemented Feb 1, 2015 - *CPT 2016*} **Bexsero**
- #●90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use {Implemented Feb 1, 2015 - *CPT 2016*} **Trumenba**
- ✓●90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use {Implemented Jan 1, 2015 - *CPT 2016*}

FDA APPROVED VACCINES

Both codes (90630 and 90651) were published in *CPT 2015* with the FDA Pending Symbol - however, both have since been approved and will appear in *CPT 2016* with no ↗

90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use

90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use

- ▶ FDA approval was given in December of 2014 for both

VACCINE PRODUCT CHANGES FOR 2016

▶ **Deletions: The Following Codes are Deleted for 2016**

90669 Pneumococcal conjugate vaccine, 7 valent (PCV7)

90703 Tetanus toxoid adsorbed

90704 Mumps virus vaccine, live

90705 Measles virus vaccine, live

90706 Rubella virus vaccine, live

90708 Measles and rubella virus vaccine

INFLUENZA PRODUCTS FOR 2014-2015

► Important:

- For the 2015-16' Influenza season many vaccines will be in the Quadrivalent form, and the Trivalent.
- Be sure to report the appropriate code for the vaccine given (Tri versus Quadrivalent)
- Flumist Trivalent is not longer manufactured – report the appropriate code for the Flumist Quadrivalent (**90672**)

| CPT Code | Description | Product |
|------------------------------|---|---|
| TRIVALENT PRODUCTS | | |
| 90655 | Influenza , trivalent, split virus, preservative free, for children 6-35 months of age, for IM use | Fluzone No Preservative Pediatric |
| 90656 | Influenza, trivalent, split virus, preservative free, when administered to 3 years of age and above, for IM use | Afluria Fluzone No Preservative Fluvirin FLUARIX |
| 90657 | Influenza, trivalent, split virus, 6-35 months dosage, for IM use | Fluzone |
| 90658 | Influenza, trivalent, split virus, 3 years and older dosage, for IM use | Afluria Fluzone Fluvirin |
| QUADRIVALENT PRODUCTS | | |
| 90672 | Influenza, quadrivalent, live, intranasal use | Flumist Quadrivalent |
| 90685 | Influenza, quadrivalent, split virus, preservative free, for children 6-35 months of age, for IM use | Fluzone Quadrivalent |
| 90686 | Influenza, quadrivalent, split virus, preservative free, when administered to 3 years of age and > for IM use | FLUARIX Quadrivalent Fluzone Quadrivalent |
| 90687 | Influenza, quadrivalent, split virus, for children 6-35 months of age, for intramuscular use | Fluzone Quadrivalent |
| 90688 | Influenza, quadrivalent, split virus, when administered to 3 years of age and above, for intramuscular use | FLULAVAL Fluzone Quadrivalent |

Vaccine Product Coverage

VACCINES PRODUCT COVERAGE

- ▶ REMEMBER: Without FDA approval and the CDC's Advisory Committee for Immunization Practices (ACIP) or AAP/AAFP *routine* recommendations a vaccine will not be covered by most, if not all payers!

- ▶ For more information:

- ▶ CDC/ACIP

<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

- ▶ AAP

<http://aapredbook.aappublications.org/site/news/vaccstatus.xhtml>

VACCINE PRODUCT COVERAGE

- ▶ Payer coverage policies for vaccines may depend on:
 - ▶ ACIP Recommendations
 - ▶ Publication of Recommendations in the MMWR
 - ▶ AAP Recommendations (Which usually follow ACIP, but can vary)
 - ▶ **Never** simply follow manufacturer's recommendation!!
- ▶ Recommendations always follow FDA approval
- ▶ Time between FDA approval and released recommendations can take some time!
- ▶ Remember that if you are routinely vaccinating, be sure that you are following the "Routine Recommendations"

Vaccine Product Payment

PAYMENT SHOULD INCLUDE:

1. Payment for the product itself
 - ▶ Refer to the CDC for private sector dosing cost
2. Personnel costs for ordering and inventory
3. Storage costs
4. Insurance against the loss of vaccines
5. Recovery of costs attributable to inventory shrinkage, wastage, and nonpayment
 - ▶ Patient refusal after vaccine is drawn
6. Lost opportunity costs
 - ▶ Cost of maintaining a large vaccine inventory

PAYMENTS MUST:

1. Be free of any discounts and based on a transparent and verifiable data source, such as the CDC vaccine price list for the private sector, available at:
<http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm>.
2. Cover the vaccine product purchase price as well as all related office expenses as noted in the last slide and a return on investment for the dollars invested in the vaccine inventory
3. Be at least 125% of the current CDC vaccine price list for the private sector (see above)

VACCINE PRODUCT PAYMENT

- ▶ If you find that your vaccine product rates are below this, be sure to read over your contracts with each payer.
- ▶ Make sure they are paying what was negotiated in your contract.
- ▶ If they are, use this information when it is time to re-negotiate your contract.
- ▶ Remind the payer that these indirect costs are NOT taken into account with the vaccine administration codes!!

IA AND E/M SERVICES

IA AND E/M SERVICES

- ▶ If a significant separately identifiable E/M service (eg. Office, preventive medicine, other outpatient) is performed, the appropriate E/M service code should be reported in addition to the vaccine/toxoid administration codes.
- ▶ Modifier **25** will be required when reporting a problem-oriented E/M service (eg, 99213) in addition to immunization administration
- ▶ Modifier **25** should not be required when reporting immunization administration in addition to a preventive medicine service (Exception – NCCI edit)

MODIFIER 25

- ▶ Defined as a “significant and separately identifiable E/M service by the same physician on the same day of the procedure or other service.”
- ▶ Service should be above and beyond the other service provided and substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.
- ▶ Should be medically indicated and necessary.

VACCINE-ONLY ENCOUNTERS

- ▶ Patient presents for sole purpose of vaccines
 - ▶ Very common during influenza season
 - ▶ Common when a patient needs a 2nd/3rd HPV
- ▶ If the vaccine is the only thing that is addressed and nothing else is brought up code only for
 - ▶ Vaccine administration
 - ▶ Vaccine product
- ▶ Do not report a separate E/M service for vaccine only visits unless the service meets the criteria for using modifier **25**.

WHAT ABOUT 99211?

- ▶ Code 99211 is the lowest level established patient Office or Other Outpatient Services code, commonly referred to as a “nurse” visit since it does not require key components nor a face-to-face encounter with physician
- ▶ When a patient sees the nurse only for immunizations, when should a 99211 be reported *in addition to* the vaccine product and immunization administration codes?

WHAT ABOUT 99211? (CONTINUED)

The following services are *included* in the immunization administration codes:

- ▶ **Administrative staff services**, such as making the appointment, preparing the patient chart, billing for the service, and filing the chart
- ▶ **Clinical staff services**, such as greeting the patient, taking routine vital signs, obtaining a vaccine history on past reactions and contraindications, presenting a Vaccine Information Sheet (VIS), and answering routine vaccine questions, preparing and administering the vaccine with chart documentation, and observing for any immediate reaction

WHAT ABOUT 99211?

So what additional services are required to appropriately report 99211?

- ▶ The service must be medically necessary
- ▶ The service must be separate and significant from the immunization administration
- ▶ Nurse evaluates, manages, and documents the **significant** and **separate** complaint(s) or problem(s) unrelated to the actual immunization administration

WHAT ABOUT 99211?

What should be documented to support the reporting of 99211?

- ▶ Date of service and reason for the visit
- ▶ A brief history of any significant problems evaluated or managed
- ▶ Any examination elements (eg, vital signs or appearance of a rash)
- ▶ A brief assessment and/or plan along with any counseling or patient education done
- ▶ Signatures of the nurse and supervising physician
- ▶ Again all unrelated to the vaccine administration

99211 AND IA

- ▶ IL Medicaid takes exception to this rule, private payers do not.
- ▶ Under IL Medicaid it states "Reimbursement for the practice expense of administering the injection is included in the office visit when the client sees a practitioner. If the client comes in solely for the injection, the CPT Code for a minimal level office or other outpatient visit for evaluation and management not requiring the presence of a physician may be submitted to cover the practice expense, and the specific vaccine Procedure Code is to be submitted to cover the cost of the vaccine or the cost of obtaining it through VFC. Seasonal flu vaccinations follow these guidelines."

MODIFIER 33

- ▶ When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

<http://www.ama-assn.org/resources/doc/cpt/new-cpt-modifier-for-preventive-services.pdf>

WHEN TO NOT REPORT IA CODES

IMMUNE GLOBULINS

▶ 90281 – 90399

- ▶ Identify the immune globulin product only
- ▶ Use in addition to administration codes

▶ Example: RSV Immune Globulin

- ▶ 90378 (Product Code)
- ▶ 50 mg each
- ▶ 96372 (Administration Code)
 - ▶ Remember this is not a vaccine or toxoid, so do not report an IA code for administration.

- ▶ Reported with **86580**
- ▶ Do not report administration with 90460 or **90471-90474!**
- ▶ Not a vaccine or toxoid!
- ▶ Do not report **96372!**

- ▶ There is not a separate administration code for the PPD – the **86580** takes administration into account.

PPD – TB TEST

ILLINOIS MEDICAID, VACCINES FOR CHILDREN (VFC) AND THE AFFORDABLE CARE ACT (ACA)

VFC

- ▶ Updated all regional maximum administration fees for 2013 (*Federal Register, Vol 77, No 215, November 6, 2012*)
 - ▶ For IL it went from \$16.79 to \$23.87
- ▶ Still do not allow for the reporting of administering vaccine components only individual vaccines (ie, do not recognize codes **90461**)
- ▶ AAP continues to advocate for the recognition of component-based administration and allow for payment of **90461**

NCCI EDITS

- ▶ The ACA also requires state Medicaid programs to implement the NCCI edits
- ▶ In 2013 a new edit came out bundling all IA codes and all E/M service (including preventive medicine services).
 - ▶ Without using modifier 25 on the E/M service when billing IA codes, one service was being denied
- ▶ Since IL Medicaid does not pay on IA codes, this was not an issue for Medicaid - however, some private payers are following.
 - ▶ Note: If you are receiving denials for either IA or E/M services (including preventive medicine), append modifier 25 to the E/M service.

MODIFIER SL

- ▶ Reported with a vaccine when the vaccine is "state supplied"
- ▶ Appears that IL Medicaid does require this for the HPV vaccine if the provider is not enrolled as a VFC provider (typically for OB-GYN)
- ▶ Will be paid for the cost of the vaccine

NATIONAL DRUG CODE (NDC)

NDC

- ▶ Being required by more and more payers, specifically government payers (Medicare, Medicaid, Tricare, CHAMPUS)
- ▶ Used for all drugs given, including vaccines
- ▶ Set up by the FDA to identify every unique drug, including varying quantities and packages of the same drug.
- ▶ Most are 10-digits from FDA, however the HIPAA standard requires 11-digits

NDC

NDC codes are in the following formats:

4-4-2, 5-3-2, or 5-4-1.

- ▶ Remember though that a HIPAA compliant NDC must be 11 digits!

NDC # is made up of 3 segments:

Manufacturer – Product Code – Package Code

- ▶ Example:
 - ▶ DTaP (Daptacel)

| | | | |
|------|---------------------|------------|----------------------|
| NDC# | 49281 | -0286- | 10 |
| | (Sanofi Pasteur) | (Daptacel) | (10pk, 1-dose vials) |

NDC

- ▶ Havrix

| | | | |
|-------|--------|----------|-----------------------|
| NDC # | 58160- | 0825- | 11 |
| | (GSK) | (Havrix) | (10 pk, 1-dose vials) |

| | | | |
|-------|--------|-------|-----------------------------|
| NDC # | 58160- | 0825- | 52 |
| | | | (10pk, 1 dose T-L syringes) |

- ▶ Rotateq

| | | | |
|------|---------|-----------|-------------------------------|
| NDC# | 00006- | 4047- | 41 |
| | (Merck) | (Rotateq) | (10 pk - 1 dose 2mL tubes) |

NDC

- ▶ Remember that HIPAA compliant NDC #s are 11-digits. If you see a 10-digit NDC then you must add a "Zero" as follows:

(0) 4-4-2 (00006- 4047- 41)

5-(0)3-2 (58160- 0825- 11)

5-4-(0)1

Vignettes

PRIVATE PAYERS

1. Patient/Parent is counseled by a physician or OQHCP on 2 single-component vaccines. Physician or OQHCP gives the vaccines. Patient is 18 years or younger.

90460 x 2

2. Patient/Parent is counseled by a physician or OQHCP on 2 single-component vaccines. The nurse gives the vaccines. Patient is 18 years or younger.

90460 x 2

Teaching point – does not matter who administers so long as the physician or OQHCP counsels

1. Patient/Parent is counseled by a physician or OQHCP on 1 single-component vaccine. Vaccine is given. Patient 19 years old.

90471 (injection) or 90473 (intranasal)

Teaching point – Because patient is 19 years, cannot report 90460.

2. Patient/Parent is counseled by a physician or OQHCP on 1 multiple-component vaccine. Physician or OQHCP gives the vaccine. Patient is 19 years old.

90471

Teaching point – Again patient is 19 years old so 90460 and 90461 cannot be reported. 90471-90474 do not take into account components.

1. Patient/Parent are not counseled on 2 multi-component vaccines. Both are injectables. Patient is 5 years old.

90471 and 90472

Teaching point: Even though the patient meets the age requirement, counseling is not done.

2. Patient/Parent are counseled by the nurse on 2 multiple component vaccines. Both are injectables. Patient is 5 years old.

90471 and 90472

Teaching point: Even though the patient meets the age requirement, vaccine is done by clinical staff (nurse) and therefore does not meet the OQHCP requirement.

1. Patient/Parent are counseled on 2 vaccines as part of a well-child check. Because the patient is sick the physician has them return in 2 weeks for shots only. When they return the patient only sees a nurse.

What codes are reported for the counseling?

None.

What codes are reported for the administration upon their return?

90471-90474

Teaching point: No codes are available for vaccine counseling only during a well-child check. When they return only the 90471-90474 are reported because the counseling did not take place on the same day the vaccines were given.

1. Patient/Parent is counseled on a 3 component vaccine. Given that same day are 2 single component vaccines where no counseling is documented. Patient is 12 years old.

90460 and 90461 x2 and 90472 x2

Teaching point: Because there is no documented counseling for 2 vaccines, you cannot report 90460. Instead you defer to the 90471-90474 series. Since the 90460 code is already being reported, consider the non-counseled vaccines as "additional" and report with 90472 not 90471.

VIGNETTES - IL MEDICAID CODING ONLY

1. An established patient presents for her 13 y/o well adolescent check. She has never received her HPV. The physician counsels the mom and patient on the Gardasil vaccine and asks his nurse to administer. What is reported for the entire encounter?

99394 (preventive medicine service 12-17 years)

90649 SL (product code for Gardasil – which is submitted for payment for the administration)

2. Same patient returns 6 weeks later for the second Gardasil. Sees a nurse only (or physician) for the injection.

99211 (minimal office visit)

90649SL

RESOURCES

For more information on NDC codes

<http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>

For more information on billing IL Medicaid for vaccines visit

<http://www.hfs.illinois.gov/assets/a200.pdf>

(Refer to Section A-226)

AAP RESOURCES (MAY REQUIRE MEMBER LOGIN)

- ▶ Vaccine Coding Table

<http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Pages/Vaccines-Coding-Table.aspx>

- ▶ FAQ IA Codes

<http://www.aap.org/en-us/professional-resources/practice-support/coding-resources/Pages/FAQ.aspx>

- ▶ Reporting 99211 with IA Codes

<http://www.aap.org/en-us/professional-resources/practice-support/coding-resources/Pages/FAQ.aspx>

THANK YOU! QUESTIONS?

If you are logged in as a group please contact me with a list of the people watching together. We will need names, credentials, and a valid email address. Thank you!

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