The Ins and Outs of Coding Vaccines

When it comes to reporting vaccines provided in an outpatient setting, correct coding is not always a simple process. Patients frequently require more than one vaccine during a single encounter, and selecting the correct vaccine code alone is not enough to ensure full reimbursement for the services rendered.

Several factors affect how vaccines ought to be reported, such as, patient age, insurance, route of administration, total number of vaccines given during the same encounter, physician counseling, and state vaccination programs. Coders must understand the various rules that apply in order to achieve the maximum reimbursement possible.

The Codes

Vaccine Products

Vaccine codes are published on a semi-annual basis, July 1 and January 1, by the American Medical Association (AMA). Vaccines are represented by code range 90476 through 90749. In 2011, five HCPCS codes were created to report intramuscular influenza vaccines given to Medicare patients 3 years and older.

The new Q-codes include:
- Q2035 – Afluria
- Q2036 – FluLaval
- Q2037 – Fluvirin
- Q2038 – Fluzone
- Q2039 – Influenza, product unspecified

Note: For non-Medicare patients, intramuscular influenza vaccines given to patients 3 years and older should be reported using CPT® code 90658.

Age-Specific Vaccines

Certain vaccines specify age requirements that may be very specific (usually involving an age range), or more generic (usually indicating either pediatric, adolescent or adult). Coders must make sure the patient’s age and any
vaccines reported do not contradict one another. The age-specific vaccines include the following: 90632, 90633, 90634, 90636, 90644, 90655, 90656, 90657, 90658, 90669, 90696, 90700, 90702, 90714, 90715, 90718, 90732, 90743 and 90744.

**Diagnosis Codes**

Normally, vaccines are reported with an appropriate diagnosis from the ICD-9 code range V01.1 through V06.9. In some situations, V20.2 (Well Child Check) may also be reported as a vaccine’s diagnosis.

**Administration Code Sets**

In most billing scenarios, practices will bill separately for the vaccine itself and the vaccine administration. Vaccine administration codes are broken down into three categories:

1. Vaccines without Counseling (90471-90474)
2. Vaccines with Counseling (90460-90461)
3. Vaccines for Medicare (G0008, G0009, G0010)

Some medical practices participate in state Vaccines for Children (VFC) programs in which the medical practice is provided with vaccines by the state. In this scenario, physicians may not charge the beneficiaries for the vaccines, and physicians are not separately reimbursed by Medicaid or commercial carriers. However, providers may charge patients the administration fee associated with providing the vaccine. For vaccines provided as part of a VFC program, coders may be required to report the vaccine (90476-90749) with an SL modifier to indicate that the vaccine is a no charge item. Coders should check with their state VFC program and local carriers for specific rules.

**Vaccines without Counseling**

For vaccines provided without physician counseling, coders should report the administration services using CPT® codes 90471, 90472, 90473 or 90474.

**Route of Administration**

To select the appropriate administration code, you must first know the route of administration for the vaccine. Most vaccines are given as injections and are reported using administration codes 90471 and 90472. However, there are a few oral and intranasal vaccines that are reported using administration codes 90473 and 90474.

Note: The oral and intranasal vaccines are: 90476, 90477, 90660, 90680, 90681, 90690 and 90712.

**Initial Vaccines**

If one or more vaccines are performed during an encounter, specify an initial administration code first. The initial administration codes include:

- 90471 – Immunization administration for percutaneous, intradermal, subcutaneous or intramuscular injections, initial
- 90473 – Immunization administration for intranasal or oral route, initial

Only one initial administration code should be listed per encounter. When both injectable and oral/intranasal vaccines are performed during the same visit, report 90471 as the initial administration code. Injectable administration codes (90471-90472) have a slightly higher reimbursement rate than oral/intranasal administration codes, and therefore should be listed first.

**Subsequent Vaccines**

If more than one vaccine is administered on the same day, a second or third administration fee is required to document the additional vaccines. All subsequent vaccine codes are classified as add-on codes and must never be reported without an initial administration code (90471 or 90473).

The definitions for the subsequent administration codes are as follows:

- + 90472 – Immunization administration for percutaneous, intradermal, subcutaneous or intramuscular injections, each additional vaccine
- + 90474 – Immunization administration for intranasal or oral route, each additional vaccine

When three or more vaccines are performed during an encounter, apply units to the subsequent administration code for each additional vaccine of the same type (injectable or oral). Listed below are three examples of the different ways the administration codes may be billed when multiple vaccines are performed.

**Example 1: 5 Injectable Vaccines**

- 90471 x1 unit (Initial)
- 90472 x4 units (Subsequent)

**Example 2: 1 Intranasal, 2 Oral Vaccines**

- 90473 x1 unit (Initial)
- 90474 x2 units (Subsequent)

**Example 3: 4 Injectable Vaccines, 1 Oral Vaccine**

- 90471 x1 unit (Initial)
- 90472 x3 units (Subsequent)
Vaccines with Counseling

Starting January 1, 2011, a big coding change was implemented with regard to how you bill for vaccines with counseling. Previously, providers were required to report the administration codes 90465-90468 when the physician provided both vaccines and counseling to the patient and/or family member. Furthermore, the 90465-90468 administration code set mimicked the same coding behavior as the 90471-90474 administration code set. However, starting January 1, the rules for reporting the administration codes for vaccines with counseling changed.

The counseling administration codes 90465-90468 were replaced with:

- 90460 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
- + 90461 - Each additional vaccine/toxoid component

The new counseling administration codes include four major differences from the 90465-90468 code set:

1. The valid age range has been increased from under 8 years to through 18 years of age.
2. 90460-90461 is valid for any route of administration (oral, intranasal, subcutaneous, intramuscular, etc)
3. The CPT® definition for reporting vaccines with counseling now includes both physicians and other qualified health care providers.
4. Code assignment is based on the number of components within a vaccine, rather than the total number of vaccines given.

Billing Vaccines by Components

All vaccines (90476-90749) include a minimum of one component, and in some cases, multiple components. A component is the antigen that makes up the vaccine for a specific disease. Code 90658 (Influenza, 3 years and older) is an example of a single component vaccine, since it only includes the component for fighting the influenza virus. Code 90698 (DTaP-Hib-IPV) is an example of a multi-component vaccine that includes the components for diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza Type B, and the poliovirus.

Here is an example of how to bill the counseling administration codes for single and multi-component vaccines:

- Single component: 90658, 90460
- Multi-component: 90698, 90460, 90461 x 4

Report 90460 for every vaccine with counseling given, rather than reporting 90460 only once for the total number of vaccines performed during the encounter. If an individual vaccine includes multiple components, report 90461 for each additional component included in the vaccine. The table below includes the appropriate administration codes for the multi-component vaccines:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Initial Administration</th>
<th>Subsequent Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>90636</td>
<td>HepA-HepB</td>
<td>90460</td>
<td>90461</td>
</tr>
<tr>
<td>90644</td>
<td>Hib-MenCY-TT</td>
<td>90460</td>
<td>90461 x3</td>
</tr>
<tr>
<td>90696</td>
<td>DTaP-IPV</td>
<td>90460</td>
<td>90461 x3</td>
</tr>
<tr>
<td>90698</td>
<td>DTaP-Hib-IPV</td>
<td>90460</td>
<td>90461 x4</td>
</tr>
<tr>
<td>90700</td>
<td>DtaP</td>
<td>90460</td>
<td>90461 x2</td>
</tr>
<tr>
<td>90701</td>
<td>90460</td>
<td>90460</td>
<td>90461 x2</td>
</tr>
<tr>
<td>90702</td>
<td>DT</td>
<td>90460</td>
<td>90461</td>
</tr>
<tr>
<td>90707</td>
<td>MMR</td>
<td>90460</td>
<td>90461 x2</td>
</tr>
<tr>
<td>90708</td>
<td>Measles and Rubella</td>
<td>90460</td>
<td>90461</td>
</tr>
<tr>
<td>90710</td>
<td>MMRV</td>
<td>90460</td>
<td>90461 x3</td>
</tr>
<tr>
<td>90714</td>
<td>Td Preservative Free</td>
<td>90460</td>
<td>90461</td>
</tr>
<tr>
<td>90715</td>
<td>Tdap</td>
<td>90460</td>
<td>90461 x2</td>
</tr>
<tr>
<td>90718</td>
<td>Td</td>
<td>90460</td>
<td>90461</td>
</tr>
<tr>
<td>90720</td>
<td>DTP-Hib</td>
<td>90460</td>
<td>90461 x3</td>
</tr>
<tr>
<td>90721</td>
<td>DTaP-Hib</td>
<td>90460</td>
<td>90461 x3</td>
</tr>
<tr>
<td>90723</td>
<td>DtaP-HepB-IPV</td>
<td>90460</td>
<td>90461 x4</td>
</tr>
<tr>
<td>90748</td>
<td>HepB-Hib</td>
<td>90460</td>
<td>90461</td>
</tr>
</tbody>
</table>
DecisionHealth® Professional Services provides physicians, hospitals and other healthcare professionals with strategic and operational consulting and customized education. Our practical solutions deliver actionable and measurable results that improve our clients’ performance.
Note: All other 2011 vaccines not included in the table above are single-component vaccines that should be listed with 90460 alone for the administration code.

### Multiple Vaccines

When more than one vaccine is administered during a patient, it is possible to have a mix of both single and multi-component vaccines. Furthermore, it is likely that more administration codes will be required to bill for vaccines with counseling, as opposed to billing for the same vaccines when there is no counseling. Refer to the example below to see how vaccines 90636, 90649, 90718, and 90707 are billed with or without counseling:

**Table 2**

<table>
<thead>
<tr>
<th>Without Counseling (90471-90474)</th>
<th>With Counseling (90460-90461)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90636 with 90471</td>
<td>90636 with 90460 and 90461</td>
</tr>
<tr>
<td>90649 with 90472</td>
<td>90649 with 90460</td>
</tr>
<tr>
<td>90718 with 90472</td>
<td>90718 with 90460 and 90461</td>
</tr>
<tr>
<td>90707 with 90472</td>
<td>90707 with 90460 and 90461 x2</td>
</tr>
</tbody>
</table>

In the Without Counseling example, the claim could be billed with a total of six line items: 90636, 90649, 90718, 90471, and 90472 x2. In the With Counseling example, the total number of line items would be eleven because you must list each counseling administration code per vaccine.

For many practice management systems, encounters are split automatically to multiple claims where there are greater than eight line items. Coders will need to keep a close eye on split claims to make sure the vaccines are not separated from their appropriate administration codes.

### HCPCS Administration Codes

When billing influenza, pneumonia or hepatitis B, the Centers for Medicare and Medicaid (CMS) require different administration codes than regular CPT® administration codes (90471-90474). The HCPCS administration codes and the vaccine codes have a one-to-one relationship and are always paired together. Rules for reporting initial or subsequent vaccines do not apply.

The HCPCS administration codes and the vaccines they are paired with are listed below:

- · G0008 - Influenza (Q2035 through Q2039)
- · G0009 - Pneumonia (90732)
- · G0010 - Hepatitis B (90746)

If other vaccines are combined with these four G-codes, the standard CPT® administration codes (90460-90461, 90471-90474) must be used to track the remaining vaccines. Listed below are examples of vaccines for a Medicare claim and non-Medicare claim:

**Table 3**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Medicare</th>
<th>Non-Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu (90658 or Q2036)</td>
<td>Q2036</td>
<td>90658</td>
</tr>
<tr>
<td>Tetanus (90703)</td>
<td>90703</td>
<td>90703</td>
</tr>
<tr>
<td>MMR (90707)</td>
<td>90707</td>
<td>90707</td>
</tr>
<tr>
<td>HPV (90649)</td>
<td>90649</td>
<td>90649</td>
</tr>
<tr>
<td>90472 x2 units</td>
<td>90472 x3</td>
<td></td>
</tr>
</tbody>
</table>

Note: Remember, in 2011, Medicare no longer reimburses for 90658 and providers must report one of the HCPCS Q-Codes (Q2035-Q2039) instead.

In the above Medicare example, there is a total of four vaccines, one HCPCS administration code (G0008), and two CPT® administration codes (90471 and 90472)—three administration codes in all. In the non-Medicare example, there are still four vaccines, but only two CPT® administration codes (90471 and 90472). Both scenarios are correct, depending on the payer.

Since 2002, **Allison Singer, CPC, CPMA** has been an employee at White Plume Technologies – a software company that specializes in automated charge capture and code scrubbing solutions. Allison began her career designing encounter forms for over 30 different medical specialties. In 2009, Allison joined the ranks of certified professional coders, launching her career as a medical coding consultant.
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