



[Print](#) [Close Window](#)

## Coding for Vaccines and Immunization Administration in 2011: Major and Welcome Changes to the CPT 2011 Immunization Administration Codes

November 2010

Pediatricians and pediatric subspecialists will be affected by the many changes in the 2011 *Current Procedural Terminology (CPT®)* when they become effective January 1, 2011. This special issue of *AAP Pediatric Coding Newsletter™* gives you a heads-up on one of the major changes. Other new and revised codes and reporting guidelines will be featured in detail in the December 2010 issue of the newsletter and *Coding for Pediatrics 2011*.

As you are aware, the administration of combination vaccines results in additional work of vaccine risk and benefit counseling that is proportionate to the number of components in a particular vaccine. Pediatricians have voiced concern that the current immunization administration codes (**90465–90474**) do not accurately capture the physician work of vaccine risk and benefit counseling because single or combination vaccines were reported identically, with no additional credit allowed for vaccines with more than one component. The new codes proposed by the American Academy of Pediatrics (AAP) and accepted by the American Medical Association (AMA) more accurately reflect and capture the physician work associated with the administration of combination vaccines.

Effective on service date January 1, 2011, and thereafter, *CPT* codes **90465–90468** will be deleted and replaced with new pediatric-specific immunization administration codes **90460** and **90461**. Codes **90471–90474** remain unchanged (see Table 1).

**Table 1. New Pediatric Immunization Administration Codes**

<i>CPT</i> Code	Description
● <b>90460</b>	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
● + <b>90461</b>	each additional vaccine/toxoid component (List separately in addition to code for primary procedure.)
<b>90471</b>	Immunization administration (including percutaneous, subcutaneous, intramuscular, or jet injections); one vaccine (single or combination vaccine/toxoid)
+ <b>90472</b>	each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.) (Use code <b>90472</b> in conjunction with <b>90471</b> .)
<b>90473</b>	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+ <b>90474</b>	each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)

<b>CPT Code</b>	<b>Description</b>
---------------------	--------------------

(Use code **90474** in conjunction with **90473**.)

*CPT, Current Procedural Terminology.*

## Guidelines for Reporting Immunization Administration

- Codes **90460** and **90461** or **90471–90474** are reported *in addition* to vaccine/toxoid code(s) **90476–90749**.
- Codes **90460** and **90461** *do not* differentiate by routes of administration or "first" versus "each additional" administration.
- The age designation for codes **90460** and **90461** (ie, through age 18) is consistent with the age requirements under the federal Vaccines for Children (VFC) program.
- When the physician or qualified health care professional (eg, nonphysicians if allowed under state scope of practice) provides *face-to-face* counseling for the patient and family during the administration of a vaccine to a patient aged 18 years or younger, code **90460** or a combination of codes **90460** and **90461** are reported. The medical record documentation must support that the physician or other qualified health care professional provided the vaccine counseling.
- Code **90460** is reported for the first component of *each vaccine administered* whether it is a single or combination vaccine.
- Code **90461** is reported in conjunction with **90460** for *each additional component* in a given vaccine. The word "component" refers to each antigen in a vaccine that prevents disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components (antigens).
- The immunization administration codes include the provider (ie, physician or other qualified health care professional) work of discussing risks and benefits of the vaccines, providing parents with a copy of the Centers for Disease Control and Prevention (CDC) Vaccine Information Statement (VIS) for each component, the cost of the nursing time to record each component administered in the medical record and statewide vaccine registry, giving the vaccine, observing and addressing reactions or side effects, and the cost of supplies (eg, syringe, needle, bandages).
- When the physician or qualified health care professional *does not* perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, codes **90471–90474** are reported instead of codes **90460–90461**. Codes **90471–90474** are reported as appropriate based on their current guidelines (ie, either **90471** or **90473** is reported for the first vaccine administered to a patient on a calendar date, and codes **90472** and **90474** are reported for each additional vaccine given on the same date based on its route of administration).

## Reporting Immunization Administration Under the Vaccines for Children Program

The VFC program makes vaccines available to children up to 19 years of age who meet any of the following criteria:

- Patient is enrolled in the Medicaid program.
- Patient does not have health insurance or has no coverage of immunizations under his or her health plan.
- Patient is American Indian or Alaska Native.

Under this program, vaccines are provided at no cost to the participating physician. Therefore, payment is made *only* for administration of the vaccine.

Reporting requirements differ by state. If the VFC vaccine is reported with administration codes and not the product code, the data of the vaccine products administered must be captured for registry and quality initiatives. In these instances, practices may need to capture data by entering the vaccine codes with a \$0 charge (if the billing system allows) and appending modifier **SL** (state-supplied vaccine) to the specific vaccine code. It is important to follow individual payer rules for reporting.

## Coding Vaccine/Toxoid Products

*CPT* codes **90476–90749** are used to report vaccine/toxoid products. They are always reported separately from immunization administration codes (**90460–90461, 90471–90474**).

Each specific vaccine product administered must be reported to meet the requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System).

Each vaccine/toxoid product code is specific to the product manufacturer and brand, chemical formulation, specific schedule (number of doses or timing), dosage, appropriate age guidelines, and route of administration. Close attention must be paid to the specific product code and descriptor to ensure that the correct code is reported. For example, there are 8 codes available for reporting the influenza virus vaccine (**90655–90663**). Each product is different, and the differences can be subtle. It would be incorrect, for example, to report **90655** (influenza virus vaccine, split virus, preservative free, for children 6–35 months of age, for intramuscular use) when administering influenza virus vaccine, split virus, 6 to 35 months' dosage, for intramuscular use (code **90657**).

When a combination vaccine is administered, its specific code should be reported. Never report each component of a combination vaccine separately unless the components are administered and the combination vaccine is not administered. Typically the only times components are reported rather than combination vaccines is when the physician elects to administer the component vaccines because of nonavailability of the combination vaccine, or there is clinical reason for administering each component separately.

Modifier **51** (multiple procedures) should not be reported with vaccines/toxoids or immunization administration codes.

To avoid vaccine coding errors, a practice's encounter form would ideally only include the specific codes for the vaccines that are administered by the practice. It is neither necessary nor desirable to include every product code on the practice superbill.

## New Vaccine Product Codes

The AMA releases new vaccine *CPT* codes on January 1 and July 1 each year. The codes that are released on January 1 may be reported on July 1, and the codes that are released on July 1 may be reported on the following January 1. Releasing new vaccine product codes allows practices to report new products once the products have received Food and Drug Administration (FDA) approval. New vaccine product codes that are pending FDA approval are identified with the lightning bolt symbol (⚡) and listed in Appendix K of the *CPT* manual. Once FDA approval is given, the symbol is removed. In the rare instance in which an FDA-approved vaccine does not have an assigned *CPT* code, code **90749** (unlisted vaccine/toxoid) should be reported.

Because of the *CPT* manual publishing dates, newly released codes may not appear in the current year's *CPT* manual, or codes may continue to carry the **N** symbol after the vaccine product has received FDA approval. Therefore, the AMA *CPT* Web site ([www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-i-vaccine-codes.shtml](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-i-vaccine-codes.shtml)) posts all updates to the status of vaccine products and listing of new product codes. The Web site includes the dates of release, implementation, and FDA approval. Bookmark this Web site, track these changes, and record them in your *CPT* manual as a reminder to monitor FDA status and approval dates.

For example, the following information is noted on the AMA *CPT* Web site:

1. *CPT* code **90644** (meningococcal conjugate vaccine, serogroups C & Y, and *Haemophilus influenzae* b vaccine, tetanus toxoid conjugate [Hib-MenCY-TT], 4-dose schedule, when administered to children 2–15 months of age, for intramuscular use) was released in July 2009 and was eligible for use on January 1, 2010 (following the 6-month implementation period). Because its approval date did not meet the deadline of the *CPT 2010* manual publication, code **90644** did not appear. It appears in *CPT 2011*.
2. Code **90663** (influenza virus vaccine, pandemic formulation, H1N1) was published on the AMA Web site with the effective date of September 28, 2009. At the same time, the AMA released code **90470** (H1N1 immunization administration [intramuscular, intranasal], including counseling when performed). Code **90470** should only be reported with code **90663**. Both codes are published in *CPT 2011*.
3. The **N** symbol was removed from code **90650** (human papillomavirus [HPV] vaccine, types 16, 18, bivalent, 3-dose schedule, for intramuscular use) because it received FDA approval on October 16, 2009. The change was posted on the AMA Web site on the same date.

Remember that before administering any new vaccine product or product with new recommendations, make certain that recommendations have been approved and published in the *Morbidity and Mortality Weekly Report* or *Pediatrics* and check with your payers to determine coverage and financial liability.

## Reporting *International Classification of Diseases, Ninth Revision, Clinical Modification* Codes With Immunization Administration

*International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* includes very specific guidelines for reporting vaccine/toxoid products and immunization administration.

- Immunizations appropriate for age that are administered during the same encounter as a preventive medicine visit (**99381–99395**) are reported with *ICD-9-CM* code **V20.2** (routine infant or child health check, older than 28 days) as the primary diagnosis code for all of the services. Codes **V03–V06** (need for prophylactic vaccination and inoculation against bacterial diseases, viral diseases, single diseases) may be reported as secondary. Some payers may require that code **V20.2** (or **V20.31** and **V20.32** if appropriate based on the age of the patient) be linked only with the preventive medicine visit, and codes **V03–V06** linked only to the vaccine product and immunization administration codes.
- When the purpose of a visit is for the administration of immunizations only, codes **V03–V06** are reported as the primary diagnosis.
- When immunizations are provided at the same visit as a problem-oriented (eg, sick) evaluation and management (E/M) service, the appropriate *ICD-9-CM* code is linked to the E/M service (**99201–99215**) and codes **V03–V06** are linked to the vaccine/toxoid product and immunization administration codes.
- When vaccines are recommended but not administered, the appropriate code for the vaccine that is not given (**V03–V06**) is reported along with the **V64** (vaccination not carried out) series of codes. Codes **V64.xx** are only reported as secondary to the reason for the encounter (eg, **V20.2** for the routine health check). Use of the **V64.xx** codes allows practices to track a patient's immunization history and

improve vaccine recall systems, and serves as a reminder to complete the Refusal to Vaccinate Form for patients who continue to refuse vaccines. Also, because some payers inappropriately continue to deny payment for vaccines and administration when they are not provided during a preventive medicine visit, the **V64.xx** codes serve to advise payers of the reason for reporting vaccines and their administration when performed alone or at the time of a problem-oriented E/M service. Although payment may still be denied, using these codes may simplify the appeals process.

- Code **V15.83** (personal history of under-immunization status) should be reported when a patient is behind on immunizations.

## Reporting Evaluation and Management Services With Immunizations

E/M services most often reported with the vaccine product and immunization administration include new and established patient preventive medicine visits (*CPT* codes **99381–99395**), problem-oriented visits (**99201–99215**), and preventive medicine counseling services (**99401–99404**). Any of the aforementioned E/M codes can be reported as a single service or in combination when performed and documented on the same day of service by the same physician or physician of the same group and specialty.

- The E/M service must be medically indicated, significant, and separately identifiable from the immunization administration.
- Payers may require modifier **25** (significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) to be appended to the E/M code to distinguish it from the administration of the vaccine.
- *CPT* code **99211** (established patient E/M, minimal level, not requiring physician presence) *should not* be reported when the patient encounter is for vaccination only because the Medicare Resource-Based Relative Value Scale (RBRVS) relative values for the immunization administration codes include administrative and clinical services (ie, greeting the patient, routine vital signs, obtaining a vaccine history, presenting the VIS and responding to routine vaccine questions, preparation and administration of the vaccine, and documentation and observation of the patient following the administration of the vaccine). However, if the service is medically necessary, significant, and separately identifiable, it may be reported with modifier **25** appended to the E/M code (**99211**). Note that the medical record must clearly state the reason for the visit, brief history, physical examination, assessment and plan, and any other counseling or discussion items. The progress note must be signed with the physician's countersignature. For more information and clinical vignettes on the appropriate use of code **99211** during immunization administration, visit [www.aap.org/pubserv/codingforped](http://www.aap.org/pubserv/codingforped) for a copy of the AAP position paper on reporting **99211** with immunization administration. Payers who do not follow the Medicare RBRVS may allow payment of code **99211** with immunization administration. Know your payer guidelines, and if payment is allowed, make certain that the guidelines are in writing and maintained in your office. Be aware that a co-payment will be required when the "nurse" visit is reported.
- The same guidelines apply to physician visits (**99201–99215**). In other words, if a patient is seen for the administration of a vaccine only, it is not appropriate to report an E/M visit if it is not medically necessary, significant, and separately identifiable.
- If at the time of a preventive medicine visit a patient has a problem or abnormality that is addressed and requires significant additional work to perform the required key components, a problem-oriented E/M code (**99201–99215**) may be reported in addition to the preventive medicine services code. There should be separate documentation for the 2 services in the medical record. Typically the level of service is based on the level of history and medical decision-making that are performed and documented because the physical examination component is most often performed as part of the age-appropriate examination included in the preventive medicine service. Modifier 25 must be appended to the problem-oriented E/M service to alert the payer that it was significant and separately identifiable. Each code is linked to the appropriate *ICD-9-CM* code.

- *CPT* codes **99401–99404** (preventive medicine counseling, individual) are used for the purpose of promoting health and preventing illness or injury. They are not reported when counseling is related to a condition, disease, or treatment. These are time-based codes that require medical record documentation of the total time spent in counseling and a summary of the issues discussed. Codes **99401–99404** may be reported separately from other E/M services (eg, office visits, preventive medicine visits) when performed on the same day. Modifier **25** must be appended to codes **99401–99404** to signify to the payer that the preventive medicine counseling was significant and separately identifiable from the preventive medicine or problem-oriented E/M visit.

Remember that reviewing or discussing the risks and benefits of vaccines and addressing all other patient and parent concerns and questions related to vaccines and immunization administration are included in the immunization administration codes. However, if vaccine counseling is performed and the parent or patient refuses vaccines, the time spent in counseling may be separately reported. Also, if after additional time is spent in vaccine counseling, the parent or patient then decides to accept the immunizations and the time and effort exceeds that normally spent by the physician, it is still appropriate to report these codes in addition to the E/M visit and immunization administration. Make certain that the medical record supports the excess time and effort of counseling.

## Putting the Rules Into Practice

1. A 4-month-old established patient receives the diphtheria, tetanus, pertussis, *H influenzae* type b, inactivated polio (DTaP-Hib-IPV) combination vaccine, rotavirus vaccine, and pneumococcal conjugate vaccine at the time of her preventive medicine visit. The physician discusses the risks of each vaccine component included in the combination vaccine (eg, tetanus, pertussis) and each additional vaccine administered as well as the diseases for which each additional vaccine component provides protection. The parent or guardian is given the appropriate CDC VIS for each vaccine and consent is given for each of the vaccine components. The nurse documents the required information and enters data into the statewide immunization registry for each vaccine and component administered. The patient is discharged home after the nurse confirms that there are no serious immediate reactions.

<i>CPT</i> Code	<i>ICD-9-CM</i> Code
<b>99391</b> Preventive medicine visit, infant	<b>V20.2</b> Routine infant or child check
<b>90698</b> DTaP-Hib-IPV	<b>V20.2</b>
<b>90460</b> First vaccine/toxoid component (eg, diphtheria)	<b>V06.8</b> Need for prophylactic vaccination and inoculation against combinations of diseases
<b>90461</b> with 4 units for each additional component	
<b>90680</b> Rotavirus vaccine, pentavalent	<b>V20.2</b>
<b>90460</b>	<b>V04.89</b> Need for prophylactic vaccination and inoculation against other viral diseases
<b>90670</b> Pneumococcal conjugate vaccine, 13-valent	<b>V20.2</b>
<b>90460</b>	<b>V03.82</b> Need for prophylactic vaccination and inoculation against pneumococcus

*Teaching Point:* *CPT* code **90460** is reported for the first component of each vaccine administered (diphtheria, rotavirus, pneumococcus). Code **90461** is reported in conjunction with **90460** for each additional component that is part of the combination vaccine DTaP-Hib-IPV (tetanus, pertussis, *H influenzae* type b, inactivated polio). Some payers may require that modifier **25** be appended to code **99391** to signify that it was significant and separately identifiable.

2. A 13-year-old patient receives the HPV vaccine. The ordering physician discusses the risks of the vaccine and the disease for which it provides protection and documents that he personally performed the counseling. The parent is given the CDC VIS. Consent is given and the nurse prepares and administers the vaccine and documents the required information.

**CPT Code****ICD-9-CM Code**

**90649** HPV vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose, for intramuscular use or

**V04.89** Need for prophylactic vaccination and inoculation against other viral diseases

**90650** HPV vaccine, types 16 and 18, bivalent, 3 dose, for intramuscular use

**90460**

*Teaching Point:* No other services are reported because the purpose of the visit was for the administration of the vaccine only.

3. A child is seen prior to traveling with parents and the purpose of the visit is to receive the yellow fever vaccine. The nurse provides vaccine counseling and administers the vaccine.

**CPT Code****ICD-9-CM Code**

**90717** Yellow fever vaccine, live, for subcutaneous use

**90471** Immunization administration, subcutaneous, one vaccine

**V04.4** Need for prophylactic vaccination and inoculation against certain viral diseases; yellow fever

*Teaching Point:* The vaccine counseling was not performed by the physician or other qualified health care professional. Therefore, new code **90460** is *not* appropriate unless the particular state's scope of practice laws includes nurses within the definition of "other qualified health care professionals."

4. A 12-year-old established patient is seen for his preventive medicine visit by the certified pediatric nurse practitioner (CPNP). He complains of knee pain that occurred after a fall while playing soccer on the previous day. An expanded history related to the knee pain is performed. He is diagnosed and treated for a sprain of the knee. He has not yet received his tetanus, diphtheria, and acellular pertussis (Tdap) or meningococcal vaccines. The CPNP counsels the parents on the risks and protection from each of the diseases. The CDC VISs are given to the parents and the nurse administers the vaccines.

**CPT Code****ICD-9-CM Code**

**99394** Preventive medicine visit, established patient, age 12 through 17 years

**V20.2**

**99213 25** Office/outpatient E/M, established patient

**844.9** Sprain, knee

**E007.5** Activities involving soccer

**90715** Tdap, 7 years or older, intramuscular  
**90460**

**V06.1** Need for prophylactic vaccination and inoculation against diphtheria-tetanus-pertussis

**90461** with 2 units

**90734** Meningococcal conjugate vaccine, tetravalent, intramuscular

**V03.89** Need for prophylactic vaccination and inoculation against other specified single bacterial disease

**CPT Code****ICD-9-CM Code****90460**

*Teaching Point:* A significant, separately identifiable E/M service was provided and is reported in addition to the preventive medicine service. Medical record documentation supports both services. Modifier **25** is appended to code **99213** to signify that it is significant and separately identifiable. Because the child is younger than 18 years and the vaccine counseling was performed by the CPNP, codes **90460** and **90461** may be reported for each vaccine component administered.

5. At the time of the preventive medicine visit, the physician spends 20 minutes providing vaccine counseling to the parents of a 3-month-old, under-immunized new patient. The parents continue to refuse to immunize the infant.

**CPT Code****ICD-9-CM Code****99381** Preventive medicine visit, new patient**V20.2****99401 25** Preventive medicine counseling**V65.49** Other specified counseling**V15.83** Personal history of under-immunization status**V06.8****V04.89****V03.82****V64.05** Vaccination not carried out because of caregiver refusal

*Teaching Point:* Appending modifier **25** to code **99401** and reporting codes **V15.83**, **V06.8**, **V04.89**, **V03.82** (need for inoculation against the specific diseases), and **V64.05** advise the payer that the vaccine counseling was significant and separate from the preventive medicine visit, the child is behind on his or her immunizations, and the vaccines were refused.

6. A 6-month-old returns for her second hepatitis B vaccine. She did not receive the vaccine during her preventive medicine visit because she was ill. The nurse has documented the following: *The patient is here for a missed hepatitis vaccine. Afebrile for 5 days, eating well. Temperature is 98.7°F; active and playful. The risk and potential side effects of the hepatitis vaccine were discussed after the VIS was given and the parent was informed of the correct dosage of an antipyretic medication should fever or fussiness occur afterward.*

*J. Smith, LPN/S. Low, MD (signatures/date)*

**CPT Code****ICD-9-CM Code****99211 25** Nurse visit**V67.59** Follow-up examination; following other**90744** Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), intramuscular**V05.3** Need for prophylactic vaccination and inoculation against viral hepatitis**90471**

*Teaching Point:* Based on *ICD-9-CM* coding guidelines, code **V67.59** should be reported because the illness or problem has resolved. Many payers do not recognize this code and will require that the code describing the sick diagnosis (eg, fever) be reported. If a payer refuses to accept the claim with code

**V67.59** as primary, educate it by providing a copy of the *ICD-9-CM* guidelines. If the payer continues to refuse to follow the guidelines, get its policy in writing. Code **90471** is reported because the physician or other qualified health care professional did not perform the vaccine counseling. If state scope of practice includes nurses within the definition of "other qualified health care professionals," code **90460** would be reported instead of **90471**.

7. A 4-year-old is seen for her preventive medicine visit. She is given her second dose of the measles, mumps, rubella, and varicella (MMRV) vaccine and her fourth dose of the DTaP-IPV vaccine. Although the physician personally performed the counseling for both vaccines, the medical record only supports face-to-face counseling for the MMRV vaccine.

<b>CPT Code</b>	<b>ICD-9-CM Code</b>
<b>99392</b> Preventive medicine visit, established patient, age 1 through 4 years	<b>V20.2</b>
<b>90710</b> MMRV, live, for subcutaneous use	<b>V06.8</b>
<b>90460</b>	
<b>90461</b> with 3 units	
<b>90696</b> DTaP-IPV vaccine, inactivated, children age 4 through 6 years	<b>V06.3</b> Need for prophylactic vaccination and inoculation against diphtheria, tetanus toxoids, pertussis, and polio
<b>90472</b> Immunization administration, intramuscular, each additional vaccine	

*Teaching Point:* Because the physician did not document that she personally performed the vaccine counseling on the DTaP-IPV vaccine, codes **90460** and **90461** cannot be reported. This practice will lose revenue for the work that was performed.

Note that 2 *ICD-9-CM* codes are linked to code **90716**. Previously, it was recommended that code **V06.8** (prophylactic vaccination and inoculation against combinations of diseases) be used when reporting any unlisted combination vaccine. However, it is now advised that more appropriate reporting is to use the codes that identify the components of a combination vaccine when a code specific to the combination is not available.

There are currently no *CPT* guidelines restricting the reporting of codes **90471–90474** in conjunction with codes **90460** and **90461**. At the time that this article was published, the Medicare relative value units for the new immunization administration codes had not been published and the Medicare National Correct Coding Initiative (NCCI) edits had not been updated. Stay tuned for future articles with updates to the 2011 Medicare values and any changes to the NCCI edits.

Payment for vaccines and their administration is dependent on specifics of insurance coverage plans. Always verify coverage and benefits for each patient and understand the reporting and payment process of each payer.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Reprinted from *AAP Pediatric Coding Newsletter Online* at <http://coding.aap.org>