

**INSTRUCTIONS FOR REPORTING IMMUNIZATION SERVICES
TO THIRD PARTY PAYERS
(Billing Guide)**

NOTE: All *italicized words or phrases* are defined at the end of this document.

Adults (19 years of age and older) and children receiving immunization services without counseling on the date of immunization, who are immunized with purchased vaccine products. This policy would apply to billing commercially insured patients and some uninsured patients:

- A. Report the CPT code that reflects the vaccine product administered with the established fee (CPT codes 90476-90748). See list of purchased vaccine supplies and codes. The list of Commonly Administered Pediatric Vaccines is attached and can be found at http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Commonly_Administered_Pediatric_Vaccines_Coding_Table.pdf).
- B. In addition to the vaccine, report the CPT code(s) that accurately reflect(s) the method of administration for each vaccine product given. When reporting multiple vaccines on the same date of service, the initial administration CPT code is reported with a quantity of one. The CPT code for each additional, should be reported with a quantity equal to the number of additional vaccines administered.
- C. If an injected vaccine and an intranasal and or oral vaccine are administered on the same date, only one *Primary Vaccine Administration (route of administration) Procedure Code* can be billed for that date. All additional vaccines should be quantified using the appropriate *Add On Codes*.

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (<i>Primary Procedure Code</i>)
90472	Each additional vaccine injection (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (<i>Add On Code</i>)
90473	Immunization administration by intranasal or oral route ; 1 vaccine (single or combination vaccine/toxoid) (<i>Primary Procedure Code</i>)
90474	Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (<i>Add On Code</i>)

Children receiving immunizations provided with vaccine counseling (through 18 years of age) immunized with purchased vaccine products. This policy would apply to billing commercially insured patients and some uninsured patients:

- A. Report the CPT code that reflects the vaccine product administered with the established fee (CPT codes 90476-90748). See list of purchased vaccine supplies and codes.

- B. When vaccine counseling is provided with the administration service by an *independently reportable provider**, the following administration CPT code(s) are reported for each component/toxoid administered. When reporting multiple vaccines on the same date of service, CPT 90460 should be reported with a quantity equal to the number of sera administered. CPT 90461 should be reported with a quantity equal to the number of additional components within the product administered. More than one *Primary Procedure Code* can be reported on the same date of service when billing the administration with counseling services.

90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or <i>other qualified health care professional</i> ; first or only component of each vaccine or toxoid component administered (<i>Primary Procedure Code</i>)
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or <i>other qualified health care professional</i> ; each additional vaccine or toxoid component administered (List separately in addition to primary procedure code) (<i>Add On Code</i>)

**If a clinical staff member performs vaccine administration with or without counseling under the supervision of the provider and, reports the service under the supervising provider, CPT codes 90471-90474 must be reported.*

Pediatric immunizations provided with vaccines from the Vaccine For Children (VFC) stock administered to Medicaid and Medicaid MCO covered patients:

- A. Report the appropriate vaccine product CPT code(s) with the *SE modifier* appended to each code with an established fee.
- B. Payment of \$23.38* should be expected** for each VFC vaccine product reported for the administration of the vaccine.

Do NOT bill a separate CPT vaccine administration code to Medicaid/Medicaid MCO

**Effective January 1, 2013 Vaccine for Children (VFC) increased the rate for the VFC administration fee to \$23.28.*

***LHD must be participating with the MCO.*

Pediatric immunizations provided with vaccines from VFC stock administered to uninsured and underinsured children:

- A. Report the appropriate vaccine product CPT code with a \$0.00 fee
- B. Report the appropriate CPT code(s) for administration with the established fee using the administration without counseling CPT code set

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (<i>Primary Procedure Code</i>)
90472	Each additional vaccine injection (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (<i>Add On Code</i>)
90473	Immunization administration by intranasal or oral route ; 1 vaccine (single or combination vaccine/toxoid) (<i>Primary Procedure Code</i>)
90474	Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (<i>Add On Code</i>)

➔ No child can be denied a VFC immunization based on the inability to pay the administration fee.

Medicare Guidelines for Billing Seasonal Influenza and Other Immunization Services:

- A. Medicare covers one influenza immunization per flu season and only recognizes a specific HCPC code for the administration service. That administration code is G0008 - Administration of influenza virus vaccine.
- B. Medicare recognizes a specific code listing for flu vaccines (see Medicare reference attached).
- C. Medicare deductible and copays do NOT apply.
- D. With regard to the Medicare influenza and pneumococcal vaccination services, these can be charged to Medicare by LHDs. “Governmental entities, such as public health clinics, may bill Medicare for the seasonal influenza virus vaccine administered to Medicare beneficiaries when services are provided free of charge to non-Medicare patients.” (See “2012-2013 Immunizers’ Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations”, page 25, C12 at http://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf)

Medicare provides very limited coverage for other immunizations; refer to the Medicare Guide for Preventive Services for additional information. The “Quick Reference” is at http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReference_Chart_1.pdf

Medicaid and Medicaid MCOs Guidelines for Billing Seasonal Influenza Immunization Services:

- A. Medicaid and Medicaid MCOs cover seasonal influenza immunizations through the VFC program for eligible children. The vaccine is provided by the state and the administration service is paid based on the vaccine code reported. Report the specific flu vaccine code with the *SE modifier* appended to the CPT code. The allowed reimbursement is \$23.28 effective January 1, 2013.
- B. Medicaid covers the flu vaccine only for adults. Vaccine CPT codes listed in the Medicaid fee schedule are 90656, 90655, 90658 and 90660.*
- C. Coverage from Medicaid MCOs will vary by plan. However, if the billing entity is participating, most flu immunizations will be covered and should be billed with the vaccine code and administration code.*

**Subject to change as the State is considering alternative resources for flu immunization.*

Additional Information Regarding Coding and Billing Guidelines:

- Immunization services can be reported in addition to *significant and separately identifiable evaluation and management services* (E/M) when performed on the same date of service. Modifier 25 should be appended to the E/M code (99201-99205 and 99212-99215) when reporting such services to a third party payer.
- Commercial insurance plans cannot be charged an amount less than any Medicare or Medicaid/Medicaid MCO health plan for the administration CPT code reported.
- All CPT codes must be reported with the corresponding ICD-9 code indicating need for prophylactic vaccination. Please refer to diagnostic code list.

Definition of Terms

Add-on Code: A code representing an additional service that can only be billed with the initial service. All add-on codes have a designated primary code(s). The add-on must be billed in conjunction with one of the designated primary codes.

Counseling: Discussion with the patient, patient's parent, guardian or caregiver explaining each vaccine component(s) including benefit, risk and side effects.

Evaluation and Management Service (E&M): Terminology that has replaced the descriptions of medical visit services, i.e., office visit, clinic visit, inpatient hospital visit, etc. A professional service provided by a qualified health care provider for the purpose of diagnosis and/or treatment of a presenting problem or **other health status during a face-to-face visit.**

Independently Reportable Provider: A qualified health care professional who is enrolled with a specific health plan to bill for services under their individual name and identifying number.

MCO: Managed Care Organizations (MCOs) are health care organizations that provide services to Medicaid recipients in Maryland. These organizations contract with a network of providers to provide covered services to their enrollees. MCOs are responsible to provide or arrange for the full range of health care services.

Purchased Vaccine Products: Vaccines purchased through the Maryland Department of Health and Mental Hygiene administered to patients who are not eligible to receive vaccines funded with VFC or 317 dollars.

Qualified Health Care Professional: An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.

Primary Procedure Code: A code representing an initial procedural service which may be billed alone or in addition to subsequent services if performed on the same day.

“SE” Modifier: Modifiers are two character codes which changes the standard definition of the CPT/HCPC code to which it is appended. Modifiers are part of the CPT/HCPC coding structure with standard definitions. The SE modifier's standard definition is “State and/or federally funded programs/services”. The Maryland Medicaid program has written special instructions to use this SE modifier to indicate that the vaccine is state supplied.

Significantly Separate Identifiable Evaluation and Management Service: An evaluation and management service that is performed on the same day as another procedural service that is unrelated to the other procedural service.