



Comprehensive Overview: Immunization Administration

Following is an overview of the immunization administration codes along with answers to frequently asked questions (FAQs) about the codes and their valuation.

CPT Codes

There are a total of nine (9) immunization administration CPT codes: four non-age-specific codes (90471-90474), four pediatric-specific codes (90465-90468), and one specific to the H1N1 influenza virus vaccine. Their code descriptors are as follows:

90465 *Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day*

(Do not report 90465 in conjunction with 90467)

90466 *Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)*

(Use 90466 in conjunction with 90465 or 90467)

90467 *Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day*

(Do not report 90467 in conjunction with 90465)

90468 *Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)*

(Use 90468 in conjunction with 90465 or 90467)

90470 *H1N1 immunization administration (intramuscular, intranasal), including counseling when performed*

90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, and intramuscular); one vaccine (single or combination vaccine/toxoid)*

(Do not report 90471 in conjunction with 90473)

90472 *Immunization administration (includes percutaneous, intradermal, subcutaneous, and intramuscular); each additional vaccine (single or combination vaccine/toxoid)
(Use 90472 in conjunction with 90471 or 90473)*

90473 *Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
(Do not report 90473 in conjunction with 90471)*

90474 *Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
(Use 90474 in conjunction with 90471 or 90473)*

Codes 90465-90468 are listed in the CPT manual just prior to the 90471-90474 immunization administration codes, in the beginning of the Medicine Section.

How Are The CPT Codes Reported?

Each one of the aforementioned immunization administration codes includes:

- 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

FAQ) Are the pediatric-specific “counseling” codes reported *in addition to* the non-age-specific codes?

Answer) No. The pediatric-specific codes, like the non-age-specific codes, are immunization administration codes – they are *not* add-on “counseling” codes. Therefore, the reporting of a pediatric-specific code plus a non-age-specific code for a single administration would constitute double reporting of the service.

FAQ) How do you determine when to report the pediatric-specific codes and when to report the non-age-specific codes?

Answer) The pediatric-specific codes have two requirements: 1) the patient must be under 8 years of age and 2) the physician (not the clinical staff) must perform face-to-face vaccine counseling associated with the administration. If *both* of these requirements are not met, report a code from the 90471-90474 code family instead.

FAQ) Can you report codes from both code families (90465-90468 and 90471-90474) during a single patient encounter?

Answer) The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) certainly encourage the physician to counsel patients/family members about the risks and benefits of all vaccines to include discussions of previous vaccine reactions, the impact of any new

illness, and possible contraindications to the vaccine. These discussions of varying time typically take place during visits with the physicians. Using codes from both families would be an uncommon event, but should the scenario arise, CPT does not specifically exclude this combination of codes. Coding edit software programs, however, may vary in terms of what code pairs they allow to be reported together, including the National Correct Coding Initiative (NCCI) edits as developed by the Centers for Medicare and Medicaid Services (CMS).

While this may not be a common scenario, codes from both families *can be* reported during a single patient encounter. This might happen if the patient is receiving a vaccine that is new to them and a “repeat” vaccine (eg, the third hepatitis B vaccine in the series). The physician may provide vaccine counseling on the new vaccine (and report a code from the 90465-90468 code family) but not on the repeat vaccine (and report a code from the 90471-90474 code family).

FAQ) I noticed that CPT contains restrictions regarding which immunization administration codes can be reported together (eg, “Use 90466 in conjunction with 90465 or 90467”) and which cannot (eg, “Do not report 90473 in conjunction with 90471”). Can you clarify what these mean?

Answer) The overarching rule behind these restrictions can be boiled down to one concept: you cannot report two “first” administrations during a single patient encounter. Therefore, if you administer one injectable vaccine and one intranasal vaccine during a single patient encounter, you would report 90465 (or 90471) for the first (injectable) vaccine and 90468 (or 90474) for the second (intranasal) vaccine. CPT indicates that in such a situation, you could *not* report 90465 plus 90467 (nor could you report 90471 plus 90473) since both codes are for the first administration given during the patient encounter. The resources expended (and, therefore, the relative value units assigned) to the “first” administration codes are slightly higher than then resources expended (and the relative value units assigned) for the “each additional” administration codes. Therefore, reporting more than one “first” administration code during a single patient encounter would constitute double dipping.

FAQ) How does CPT define a “first” administration? Can the “first” administration codes only be used once during the patient’s entire tenure in our practice? Or are they reserved for only the “first” administration in a particular vaccine series (eg, reserved for only the first DTaP shot in the series)?

Answer) CPT defines the “first” administration as the first vaccine administered to a patient during a single patient encounter. Therefore, the “first” administration codes can be reported throughout the patient’s entire tenure in your practice. Furthermore, the “first” administration codes are *not* reserved only for use with the first shot in a vaccine series -- a “first” administration code can be used for the first DTaP shot as well as for the second, third, or fourth DTaP shots.

FAQ) Does it matter which vaccine is the coded as the “first” administration? For example, if I administer both an injectable vaccine and an intranasal vaccine during a single patient encounter, do I have to report 90465 plus 90468 (or 90471 plus 90474)? Or could I alternatively report 90467 plus 90466 (or 90473 plus 90472)?

Answer) You can report either combination.

FAQ) If our physician administers an H1N1 vaccine at the same encounter as another immunization (such as the seasonal influenza), which immunization administration code is reported as the “first” administration? Or does it even matter?

Answer) Yes, it does matter. Per CPT guidelines, you must always consider CPT code 90470 as the “first” immunization administration code and all others as subsequent. This is due to the fact that the code is valued for an initial administration and, therefore, includes incremental expenses associated with administering a first vaccine.

FAQ) Do the pediatric-specific codes require that the *physician* perform the actual vaccine administration?

Answer) No. The pediatric-specific codes do *not* require that the physician to do the actual vaccine administration. The clinical staff may perform the actual vaccine administration. The pediatric-specific codes require that the physician perform face-to-face vaccine counseling in conjunction with the administration.

FAQ) Can we report the pediatric-specific codes (90465-90468) as “incident to” a physician if they are performed by our nurse practitioner?

Answer) An advanced practice nurse who performs the face-to-face vaccine counseling can report the pediatric-specific codes incident to a physician (of course, this is subject to your particular state's licensure regulations pertaining to scope of practice). Therefore, when the nurse practitioner does the face-to-face vaccine counseling, the service could be reported using 90465-90468 (again, as long as it fits within your state's particular licensure regulations pertaining to nurse practitioners' scope of practice). Medicare “incident to” guidelines require that the patient be an established patient and that the service be performed under the direct supervision of the physician (ie, the physician must be immediately available and in the office suite).

A non-advanced practice nurse, however, (eg, a registered nurse) cannot perform services incident to a physician. Just as nurses cannot report the higher level Office or Other Outpatient Services codes (99212-99215) incident to a physician, they cannot report the pediatric-specific immunization administration codes incident to a physician.

FAQ) Our clinic has facility-employed nurses who perform our vaccine administrations. The nurses report their services under the facility's tax ID number using the immunization administration codes (90471-90474) while the physicians capture their vaccine counseling in an E/M code reported under their separate tax ID numbers. How can the pediatric-specific codes (90465-90468) be reported in our situation?

Answer) Since your reporting of immunization administration essentially splits the actual administration (as performed by the facility-employed nurses) from the physician counseling (as performed by the physicians), the pediatric-specific codes would not be appropriate for your situation.

Your physicians should continue to report vaccine counseling by including it in the E/M code. It should be noted that if greater than 50% of the total time spent in providing an E/M visit is spent counseling or coordinating care, then time can be used as the key factor in selecting the appropriate level E/M code.

Therefore, in certain situations, it would be possible for the physician to report a higher level E/M code when incorporating significant vaccine counseling into the visit.

Your nurses should continue to report their services using the 90471-90474 immunization administration codes.

The non-age-specific codes (90471-90474) and the pediatric-specific codes (90465-90468) are valued almost identically on the Medicare Resource-Based Relative Value Scale (RBRVS). This means that the fact that you cannot report the pediatric-specific codes should not have a negative impact on your bottom line.

Documentation Guidelines

The CPT descriptors for codes 90465-90468 specifically require “physician (vaccine) counseling of the patient/family.” In addition to the charting of the vaccine itself (product, lot number, site and method, VIS date, etc., which are all usually recorded on the immunization history sheet), the physician should document that he/she personally performed the face-to-face vaccine counseling for the listed vaccines.

Vignettes

Vignette #1

A 6-year old patient receives his second hepatitis B vaccine and the intranasal influenza vaccine in conjunction with his preventive medicine visit. The physician conducts the vaccine counseling associated with the both vaccines. The immunization administration for this visit is reported as follows:

90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90465	Immunization administration (percutaneous/intradermal/subcutaneous/intramuscular) under 8 years of age when physician counsels the patient/family; first injection
90660	Influenza virus vaccine, live, intranasal use
90468	Immunization administration (oral/intranasal routes of administration) under 8 years of age when physician counsels the patient/family; each additional administration

The preventive medicine visit and any other services provided during the encounter would be reported separately.

Teaching Point:

- Code 90468 is reported for the additional immunization administration rather than code 90467. This is due to the fact that more than one “first” administration code cannot be reported during a single patient encounter.

Vignette #2

A 3-year old patient presents for a vaccine only visit to receive her seasonal influenza (preservative free) and also receives the H1N1 influenza virus vaccine. The nurse counsels on both and administers both vaccines intramuscularly.

90663	Influenza virus vaccine, pandemic formulation, H1N1
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- 90470 H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
- 90656 Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
- 90472 Immunization administration (percutaneous/intradermal/subcutaneous/intramuscular); each additional vaccine

Teaching Point:

- Code 90472 is reported for two reasons. First, code 90470 is always reported as the “first” administration. Therefore, all other immunization administration services are reported as “each additional.” Second, even though the patient is under 8 years of age, no physician counseling takes place, and, therefore, code 90472 is appropriate code.

Vignette #3

A 9-year old patient receives her second MMR vaccine and her third hepatitis B vaccine. The physician conducts the vaccine counseling associated with both vaccines. The immunization administration for this visit is reported as follows:

- 90707 MMR vaccine, live, for subcutaneous use
- 90471 Immunization administration (percutaneous/intradermal/subcutaneous/intramuscular); one vaccine
- 90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
- 90472 Immunization administration (percutaneous/intradermal/subcutaneous/intramuscular); each additional vaccine

Evaluation and management (E/M) or any other services provided during the encounter would be reported separately.

Teaching Point:

- While the physician does conduct the vaccine counseling, the patient is over 8 years of age. Therefore, immunization administration codes from the 90471-90474 code family would be reported.

Why Were The Pediatric-Specific CPT Codes Developed?

The Academy developed the pediatric-specific codes in an effort to get the Centers for Medicare and Medicaid Services (CMS) to recognize the physician work involved in administering vaccines in the pediatric population. This “recognition” could have been achieved had CMS published physician work relative value units (RVUs) for the non-age-specific immunization administration codes (90471-90474) on the Medicare Resource-Based Relative Value Scale (RBRVS). Over the past several years, however, CMS repeatedly commented that it did not intend to publish physician work RVUs for codes 90471-90474. Rather, CMS indicated that if pediatric-specific immunization administration CPT codes could be developed, it would reconsider the Academy’s request to have physician work RVUs published on the Medicare RBRVS. Therefore, after some compromise with CMS as to the exact verbiage and age cut-off for the pediatric-specific codes, the Academy went to the CPT Editorial Panel with a proposal for new, pediatric immunization administration codes. The Panel approved the Academy’s request in November 2003, making the codes effective for the CPT 2005 cycle.

CPT Code Valuation on the Medicare Resource-Based Relative Value Scale (RBRVS)

Following are the 2010 Medicare Non-Facility RVUs for the immunization administration codes:

	<u>Work RVUs</u>	<u>PE RVUs</u>	<u>PLI RVUs</u>	<u>Total RVUs</u>	<u>2010 Medicare Payment*</u>
90465	0.17	0.41	0.01	0.59	\$16.75**
90466	0.15	0.14	0.01	0.30	\$8.52
90467	0.17	0.22	0.01	0.40	\$11.36
90468	0.15	0.13	0.01	0.29	\$8.23

	<u>Work RVUs</u>	<u>PE RVUs</u>	<u>PLI RVUs</u>	<u>Total RVUs</u>	<u>2010 Medicare Payment</u>
90470	0.20	0.42	0.01	0.63	\$17.89***
90471	0.17	0.41	0.01	0.59	\$16.75
90472	0.15	0.14	0.01	0.30	\$8.52
90473	0.17	0.22	0.01	0.40	\$11.36
90474	0.15	0.10	0.01	0.26	\$7.38

Key:

RVUs = relative value units

PE = practice expense

PLI = professional liability insurance

*Effective January 1, 2010

**Non-geographically adjusted. Sample conversion for 90465:

Medicare 2010 conversion factor = \$28.3895

0.59 RVUs x \$28.3895 = \$16.75

FAQ) Why do the 90465, 90466, 90467, and 90468 codes have the same work RVUs as the 90471, 90472, 90473, and 90474 codes? I thought that they would be valued higher since they are age-restricted and specifically require “physician counseling.”

Answer) CMS' valuation of codes 90471-90474 equal to that of codes 90465-90468 was a (pleasant) surprise. The Academy worked for several years to get physician work RVUs published on the Medicare physician fee schedule for immunization administration. During that period of time, CMS repeatedly commented that it did not intend to publish physician work RVUs for codes 90471-90474. Rather, CMS indicated that if pediatric-specific immunization administration CPT codes could be developed, it would reconsider the Academy’s request to have physician work RVUs published on the Medicare RBRVS. Therefore, once we had the pediatric-specific CPT codes (90465-90468) in place, we assumed that they would be valued higher (since they would include physician work RVUs) than the existing immunization administration codes.

However, at the same time that this was occurring, Congress passed the Medicare Modernization Act of 2003 (MMA). One outcome of MMA was the revaluation of the drug infusion and therapeutic injection codes, adding physician work RVUs and significantly increasing the practice expense RVUs to counteract the substantial decrease in reimbursement for oncology drugs. In effort to allow equivalent valuation among similar services, CMS decided to increase the practice expense RVUs and add physician work RVUs for the immunization administration codes, as well.

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FAQ) Doesn't the fact that they are identically valued to the existing codes make the pediatric-specific codes essentially obsolete?

Answer) While the fact that there is no differential between the RVUs for codes 90471-90474 and the RVUs for codes 90465-90468 is disappointing, the total RVUs for all the immunization administration codes are more than double what they were back in 2004. For example, the 2004 RVUs for 90471 were 0.22. Now, in 2010, they are 0.59.

Furthermore, private payers may reimburse higher for the pediatric-specific codes since their code descriptors contain more requirements than the code descriptors for 90471-90474.

Finally, the fact that there are pediatric-specific codes for immunization administration in the CPT nomenclature establishes an important precedent. Pediatric immunization administration is now differentiated as a unique service, separate from the model of immunization administration provided in the adult population.

For questions, please contact the AAP Coding Hotline aapcodinghotline@aap.org.

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