

Tips on coding for influenza vaccine during 2012-'13 season

from the **AAP Division of Health Care Finance and Quality Improvement**

It's that time of year again when patients will be presenting for their annual influenza vaccine. Some will combine with another service, while others will come in solely for the vaccine administration.

For the start of the 2012-'13 influenza season, report the same influenza vaccine product codes as last season. (The Academy does not recommend one vaccine product over another.) Note that "trivalent" has been added to all of the code descriptors by the Current Procedural Terminology (CPT) Editorial Panel.

90655 - Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months, for intramuscular use (Afluria, Fluzone No Preservative Pediatric)

90656 - Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular (IM) use (Afluria, Fluzone No Preservative, Fluvirin, FLUARIX)

90657 - Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months, for IM use (Afluria, Fluzone)

90658 - Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years and older, for IM use (Afluria, Fluzone, Fluvirin)

90660 - Influenza virus vaccine, trivalent, live, for intranasal use (FluMist)

Some non-Medicare providers are requiring the use of Healthcare Common Procedural Coding System (HCPCS) influenza product codes. Check with your payers prior to use.

Q2035 - Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for IM use (Afluria)

Q2037 - Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for IM use (Fluvirin)

Q2038 - Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for IM use (Fluzone)

Q2039 - Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for IM use (not otherwise specified)

On Jan. 1, several new product codes will become effective. All of the following codes were accepted by the CPT Editorial Panel, but most are pending Food and Drug Administration approval (✓). While there is no plan to release corresponding vaccines to these codes for this influenza season, the codes will be active. Note that the code descriptors mirror current product code sets with one exception; these are the quadrivalent versions.

90672 - Influenza virus vaccine, quadrivalent, live, for intranasal use

✓ **90685** - Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use

✓ **90686** - Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use

✓ **90687** - Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use

✓ **90688** - Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use

As with all vaccines, report a vaccine product code in addition to the appropriate immunization administration code.

Immunization administration codes

If the patient receiving the influenza vaccine is 18 years of age or younger and receives counseling from a physician or other qualified health care professional (e.g., nurse practitioner), report 90460 for either the injection or intranasal.

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

However, if *both* of the above criteria are not met, the immunization administration (IA) code reported must come from the 90471-90474 series. Clinical staff (e.g., R.N., L.P.N.) do *not* meet the criteria for other qualified health care professional.

90471 - IA; one vaccine (single or combination vaccine/toxoid)

+**90472** - IA; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)

90473 - IA; one vaccine (single or combination vaccine/toxoid)

+**90474** - IA; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)

Other considerations to keep in mind when reporting codes 90471-90474:

- If you administer an injection of the influenza vaccine only, report 90471.
- If you administer the intranasal influenza vaccine only, report 90473.
- If you administer an influenza vaccine in addition to other vaccines, report the influenza injection with 90472 or the intranasal with 90474.

Note that code 90471 or 90473 cannot be reported in conjunction with 90460. Therefore, if during a single encounter, a patient receives multiple vaccines and there is counseling on all but the influenza vaccine, report 90472 or 90474 in addition to 90460 and 90461 as appropriate.

The *International Classification of Diseases, Ninth Revision, Clinical Modification* code for the influenza vaccine is V04.81.

Vignettes

A 12-year-old is seen for her well-child check and vaccines. She receives tetanus, diphtheria and acellular pertussis (Tdap) and meningococcal vaccines in addition to an intranasal influenza vaccine (human papillomavirus vaccine was deferred). The physician counsels on all of the vaccines. Report the following IA codes:

90460 (tetanus component)

90461 x2 (diphtheria and pertussis component)

90460 (meningococcal)

90460 (intranasal influenza)

For most payers, that will be submitted as:

90460 x3

90461 x2

To code for the same scenario as above except that the physician does not document counseling for the FluMist or Tdap vaccine but does document counseling for meningococcal vaccine, use:

90460 (meningococcal)

90472 (Tdap)

90474 (intranasal influenza)

It is important to remember that reporting an evaluation and management service in addition to vaccine administration codes will depend on several factors. This becomes an issue when patients present outside of their routine well-check to receive vaccines. Many practices set up flu clinics where patients can receive their annual influenza vaccines and are seen solely by clinical staff.

For more information on how to bill for vaccine-only visits, particularly those involving only clinical staff, visit <http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/PositionPaper99211.doc> (log-in required).

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RESOURCES

- For more information on vaccine administration, visit <http://coding.aap.org/codingresources.aspx> and click on FAQ - Pediatric Immunization Administration Codes.
- For more information on influenza vaccine recommendations, visit <http://aapredbook.aappublications.org/site/news/vaccstatus.xhtml>.
- Learn how to simplify coding and billing by participating in the AAP Pediatric Coding Webinar series. Leading pediatric coding experts offer pediatric-specific insights and strategies. For information, visit <http://www2.aap.org/pcorss/webinars/coding/>.
- Keep pace with the latest in coding with the monthly AAP Pediatric Coding Newsletter. To view a sample issue, visit <http://coding.aap.org>. A column features the latest guidance on ICD-10-CM.