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EPIC Immunization Resource Kit

Online resource kit located on GaEPIC website:
http://www.gaepic.org/epic-resource-kit.html

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Immunization Education Update
For Physicians and Staff

Coding for Childhood Immunizations

Faculty: Barbara Turner, RN, BSN

2020 Update for Pediatric Offices

May 2020

EPIC ®
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hysicians & Practices

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Presented by:

Georgia Immunization Program

Georgia Chapter American Academy of Pediatrics

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Disclosure

This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA or unapproved for "off-label" uses of pharmaceuticals or devices.

In accordance with ACCME* and ANCC-COA* Standards, I am required to disclose any real or apparent conflict(s) of interest to the content of this presentation. I would like to disclose the following:

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Goals & Objectives

- Discuss ICD-10 Diagnosis Codes applicable to vaccines and immunization
- Recall Current Procedural Terminology and International Classification of diseases, 10th Revision ICD-10
- Improve coding accuracy
- Explain documentation requirements for Coding of Immunizations

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Importance of Accurate Vaccine Coding

- Allows possibility for increased/appropriate payment

- Decreases provider/practice liability

- Improves information flow

9

Components of Immunization Services

Two distinct families of CPT codes

The vaccine product
- Practice costs

The administration (services)
- Physician work
- Practice expense
- Professional liability

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Coding the Vaccine Product

- CPT codes 90476-90748 used to report the specific vaccine/toxoid product only.

- Codes are specific to product manufacturer and brand, specific schedule (number of doses or timing), chemical formulation, dosage, age guidelines and/or route of administration

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Coding the Vaccine Product

Report the exact vaccine product administered

- 90743 (*Hepatitis B, adolescent, 2 dose, for IM use*) versus 90744 (*Hepatitis B, pediatric/adolescent, 3 dose, for IM use*)

- 90655 (*Influenza, trivalent, split virus, preservative free, 6-35 mo., IM*) versus 90657 (*Influenza, trivalent, split virus, 6-35 mo., IM*)

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Coding the Vaccine Product

- Codes for combination vaccines are available, as well as separate codes for single component vaccines:
  - 90707 (measles, mumps and rubella/MMR)
  - 90705 (measles vaccine)

- Do not code each component of a combination vaccine using separate codes when a combination vaccine is used.

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New Vaccines/Toxoids

- New vaccine product codes are published prior to FDA approval
  - Appear in CPT with lightning bolt symbol
  - Symbol removed when vaccine has been approved
  - Revised codes with implementation dates on website
- AMA website includes up-to-date information – see CPT 2020 for website

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Immunization Administration (IA)

- Includes 2 families of codes:

  - Codes 90460 and 90461

  - Codes 90471 – 90474

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Immunization Administration

90460
- Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.

90461
- Each additional vaccine or toxoid component administered. (List separately in addition to code for primary procedure.)
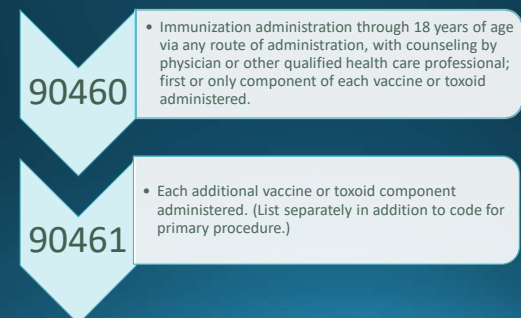
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Reporting Guidelines
90460 and 90461

- Physician or qualified healthcare professional *__must__* provide *__face-to-face__* vaccine counseling for the patient/family (patient age 18 or under) *__on the day__* the vaccine is administered and medical record documentation *__must__* support that physician or other qualified health care professional personally provided the vaccine counseling (each component/antigen)
- Reported in addition to every vaccine/toxoid code(s) 90476–90749 reported

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Qualified Healthcare Professional
(QHCP) Defined

An "other qualified healthcare professional" is 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.

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Reporting Guidelines
90460 and 90461

- Code 90460 is reported for the *1st or only component of each vaccine* administered on a day of service
  - single or combination vaccine

- Code 90461 reported in addition to 90460 for *each additional component* in a combination vaccine

"**component**" = each antigen in a vaccine that prevents disease(s) caused by one organism; conjugates or adjuvants are not considered to be components

combination vaccines = vaccines that contain multiple vaccine components (antigens)

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Vaccine Components

Vaccine = components	IA Codes
HPV = 1 component	90460
Influenza = 1 component	90460
Td = 2 components	90460 and 90461
DTaP or Tdap = 3 components	90460 and 90461 x 2 units
DTaP-IPV or MMRV = 4 components	90460 and 90461 x 3 units
DTaP-Hib-IPV = 5 components	90460 and 90461 x 4 units

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CPT Codes 90471-90474

- **90471** • Immunization administration (percutaneous, intradermal, subcutaneous, intramuscular); one vaccine (single or combination vaccine/toxoid)
- **90472** • Each additional injected vaccine (single or combination)
- **90473** • Immunization administration by intranasal or oral route; one vaccine (single or combination)
- **90474** • Each additional intranasal or oral route; one vaccine (single or combination)

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Reporting Guidelines
90471-90474

- Codes 90471-90474 are reported
  - When physician or other QHCP **does not** perform the vaccine counseling to the patient/family or **does not** document that counseling was personally performed on a patient 18 years of age or younger
- When patient is **19 years** of age or older

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Reporting Guidelines
90471-90474

- Reported in addition to the vaccine/toxoid code(s) 90476–90749

- Reported for **each** vaccine administered

- **Only one** "first" immunization administration (90471 or 90473) code is reported **per** day of service
  - "First" vaccine can be reported from either route of administration

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Criteria for Reporting

Dolan, Becky, MPH, CPC, PCEDC. Illinois Chapter, AAP. Coding for Immunization Practices, July 14, 2016.

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Evaluation & Management (E/M) Visit with IA

- Separate from vaccine products and their administration

- Must be <u>significant</u>, <u>separately identifiable</u>, & <u>medically indicated</u> and must be <u>documented</u> in the medical record

- Append modifier 25 to the E/M (eg, well visit, sick visit) code if payers follow Medicare NCCI edits

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Putting the Rules into Practice

A 4-month-old established patient receives diphtheria, tetanus, acellular pertussis, haemophilus influenza Type B and poliovirus (DTaP-Hib-IPV) vaccine (90698), rotavirus vaccine (90680/90681), and pneumococcal conjugate vaccine (90670) at her preventive medicine visit.

The physician counsels the parent on all vaccines, discusses risk associated with each disease, and benefits of…

What would you report?

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You Would Report…

ICD-10-CM	CPT
Z00.129 (routine infant or child check without abnormal findings)	99391 25 (preventive medicine visit; younger than 1 year)
	90698 (DTaP-Hib-IPV)
Z23 (encounter for immunization)	90680 (RV5) 90670 (PCV)
	90460 x 3 Immunization administration through 18 years of age, counseling by physician; first or only component of vaccine……. **Diphtheria, Rotavirus, Pneumococcal**
	90461 x 4 each additional component **tetanus, pertussis, H. influenza, inactivated polio**

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Putting the Rules into Practice

A 12 year-old established patient is seen for her preventive medicine visit. Two combination vaccines were administered. QHCP with her own provider number documents that she personally counseled the family/patient on one combination vaccine.

What would you report?

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Slide 29

You Would Report…

ICD-10-CM	CPT
Z00.129 (routine infant or child check without abnormal findings)	99384 Preventive medicine visit new or 99394 Preventive medicine visit established patient with modifier 25
Z23 (encounter for immunization)	First combination vaccine product code 90460
	90461 with # units
	Second combination vaccine product code
	90472 each additional injected vaccine

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Slide 30

Putting the Rules into Practice

12 year old new patient is seen with complaints of backache during the last week. The meningococcal and Tdap (tetanus, diphtheria, and acellular pertussis) vaccines are administered. She is to receive the injectable influenza vaccine but mother decides to wait until next week for administration.

Immunization counseling is performed and documented by the physician on all 3 vaccines and 2 vaccines are administered.

How do you report these services?

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Slide 31

You Would Report…

ICD-10-CM	CPT	
Z23 (encounter for immunization)	9920x 25	Office/outpatient E/M, new patient
	90734	Meningococcal(A,C,W,Y) vaccine
	90715	Tdap
	90460 x2	Immunization administration, first component
	90461 x2	Each additional component

The influenza vaccine and administration is not reported

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Slide 32

Reporting the Deferred Immunization

- You would report
  - 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
  - 90471 Immunization administration (Includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

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Diagnosis Coding Rules

Service	ICD-10-CM
Well visit, vaccines, and IA	Z00.121, Z00.129, Z00.110 or Z00.111 w/ each service
Well visit Vaccines and IA	Z00.121, Z00.129, Z00.110 or Z00.111 Z00.121, Z00.129, Z00.110 or Z00.111and Z23
Well visit Vaccines and IA	Z23

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Diagnosis Coding Rules

Service	ICD-10-CM
New or established patient - 25	Specific to problem
Vaccines	Z23
IA	Z23

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Other Important ICD Codes

Diagnosis	ICD-10-CM
Under immunized -A status code is informative, because the status may affect the course of treatment and its outcome. Report when this is the case.	Z28.3
Vaccination not carried out	Z28.x
....due to acute illness	Z28.01
....due to chronic illness or condition	Z28.02
....due to allergy to vaccine or components	Z28.04
....due to caregiver refusal	Z28.82
....due to patient refusal	Z28.21
....due to patient had disease being vaccinated against	Z28.81
....due to religious reasons	Z28.1
....due to unspecified reason	Z28.20

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Medicare NCCI Edits

Change in coding for vaccine administration affects code 90460 and 90461.

Medically unlikely edits (MUEs) are the daily limit placed by CMS to reduce the likelihood of coding errors. MUEs are part of the NCCI edit system.

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Billing Tips for Health Check Services

- Codes 90471-90474 must be used when face-to-face physician/QHCP counseling is not performed and documented

- Report 90472 or 90474 in addition to 90471 or 90473 if more than one vaccine is administered during a visit when face-to-face physician/QHCP counseling is not performed and documented

- Report 90460 for the first (i.e., counseled) vaccine and 90472 or 90474 for the second (i.e., non-counseled) vaccine

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Billing Tips for Health Check Services - 19-20 year olds

- EPSDT providers may bill the EPSDT benefit for vaccines administered to members nineteen (19) years of age through twenty (20) years of age

Report the vaccines:
- CPT code
- NDC number
- Diagnosis code with the appropriate vaccine administration code(s):
  -90471, 90472, 90473, 90474.

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Billing Tips for Health Check Services

- Code the vaccine administration with the appropriate vaccine administration code and the EP modifier

- Code the vaccine product code, the associated diagnosis code and the EP modifier

- The primary vaccine (90471, 90473) or primary vaccine/toxoid component (90460) must precede the reporting of the additional vaccine (90472, 90474) or additional vaccine/toxoid component (90461), if applicable

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Billing Tips for Health Check Services

- Vaccine product code must immediately follow the corresponding vaccine administration code

- Code the vaccine administration code(s), the vaccine product code(s), and the preventive or interperiodic visit on the same claim when vaccines are administered during the visit.

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Billing Tips for Health Check Services

- Each vaccine administration code should be listed only one time per claim. If multiple vaccine product codes correspond to the same vaccine administration code, the vaccine administration code is listed once with the appropriate number of units indicated.

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Billing Tips for Health Check Services

- 90460 may be reported for more than one (1) unit of vaccine administered during a single office visit

- ICD-10 diagnosis codes Z00.121 or Z00.129 must be used

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Billing Tips for Health Check Services

- Use the appropriate vaccine diagnosis code (see Appendix C-2 for specific diagnosis codes) with the vaccine administration code when the vaccine is administered outside of the EPSDT preventive health visit
- Code the EPSDT preventive visit (9938x or 9939x) with the EP and the 25 modifiers when vaccines are administered during the preventive health visit
- ICD10 has only 1 diagnosis code for all vaccines, no matter what vaccine is administered. Z23

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Billing Tips for Health Check Services

- Code the EPSDT interperiodic visits (99202-99205 or 99212-99215) with the EP and the 25 modifiers when vaccines are administered during the interperiodic health visit

- 99202-99205 and 99212-99215 are considered E & M codes for evaluation and management of a problem.

- Wellness / EPSDT coding would be 99381-99385 and 99391-99395. If it is an interperiodic healthcheck the HA modifier must be applied.

- The National Correct Coding Initiative (NCCI) does not allow reimbursement of the 99211 code when it is billed together with any of the vaccine administration codes regardless of whether the 25 modifier is appended to the 99211 code

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Vaccine Coding Update

- Codes 90655-90658, 90661, and 90685-90688 are revised to include dosage rather than age in their descriptors.

- The descriptor for code 90661 is also revised to include trivalent to differentiate this vaccine from a quadrivalent product.

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Frequently Asked Questions

Is there only a single code in the ICD-10-CM for vaccines as opposed to the more specific codes in ICD-9-CM?

Answer: Yes, there is only one code (Z23) to report for any vaccine encounter, regardless of what was administered.

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Frequently Asked Questions

Do we need to report the Z23 code in addition to the health exam codes for children (Z00.121 or Z00.129)?

Answer: Yes, in the parentheses under Z23 it states "Code first any routine childhood examination."

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Frequently Asked Questions

Do I report multiple Z23 codes if there is more that one vaccine given? And do I link to both the CPT code for the product and the administration?

Answer: You will only report Z23 once per encounter regardless of the number of vaccines given on a single encounter. Yes, you will link both the CPT code for the product and the administration to the Z23.

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Practice Management

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Immunization Administration Medicare RVUs

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To Do List

- Use coding and billing resources.

- Perform quarterly review of Health Check manual on web portal.

- Track denials and work them in a timely manner.

- Continue to train coders — advanced classes and classes for specialties are available.

- Designating one biller who sets aside a few hours each month to check for policy changes on the websites of every major payer.

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Questions & Discussion

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It's a Team Effort!

High immunization rates begin with a team designed plan!

What can your team do to improve rates?

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AAP Coding Resources ICD-10

- Principles of Pediatric ICD-10-CM Coding
- Pediatric Code Crosswalk: ICD-9-CM to ICD-10-CM
- ICD-10-CM Pediatric Office Superbill
- Pediatric Coding Newsletter-Top 25 Pediatric Diagnoses ICD-10

- www.aap.org/coding/ICD10

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AAP Coding Resource

- **AAP coding hotline offers reviews by certified coders**

The AAP offers a member benefit where members or their staff can submit coding and payment issues for review by certified coders. AAP staff works to assist not only with correct coding, but help with payer denials where they can. The AAP encourages all members to utilize this free resource, as this is the only official source for answers for your coding questions from the AAP. The coding hotline also is the hub for all payer issues as well. Contact the hotline at aapcodinghotline@aap.org.

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Other EPIC programs for your office

- EPIC Immunization Programs
  - Childhood (Birth–18yrs.)
  - Adult (19yrs.–Senior)
  - Combo (Childhood/Adult) (Birth–Senior)
  - Adolescent Immunizations
  - Improving HPV Vaccination Rates in Your Practice
  - Women's Health (OB/Gyn practices)
  - VACCINE HESITANCY The Need for Communication in Pediatric Practice
- EPIC Breastfeeding Programs
  - Breastfeeding Fundamentals
  - Supporting Breastfeeding in the Hospital
  - Advanced Breastfeeding Support

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To schedule a program: Contact EPIC Office

404.881.5054 – Immunization

404.881.5068 – Breastfeeding

Or visit our website: www.GaEPIC.org

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Claim Form

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Claim Form

Insert client/patient information in this section of the form.

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Claim Form

Enter diagnosis codes along with any other diagnoses relevant to the patient's episode of care on this date of service.

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Claim Form

Enter the CPT codes for vaccines administered and the CPT code for E/M services provided.

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Claim Form

Include any necessary modifiers for proper claims processing.

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Claim Form

Enter the Diagnosis letter assignment that goes with the specific CPT code.

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Claim Form

Insert NPI number for individual provider rendering services.

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Claim Form

Tax Identification number and NPI number are needed for billing.

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Questions

Please type your questions into the control panel located to the right of your screen.

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Thank you
for your participation!

If you have any questions, please contact Shanrita McClain at
smcclain@gaaap.org.

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