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We will provide time to address questions at the conclusion of the webinar.

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The American Academy of Pediatrics – Georgia Chapter is accredited by the Medical Association of Georgia to provide continuing medical education for physicians.

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This nursing continuing professional development activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This activity was designated for 1.0 contact hours. Activity ID #32088

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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



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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:*

*Accreditation Council for Continuing Medical Education
*American Nurses Credentialing Center Commission on Accreditation

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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

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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

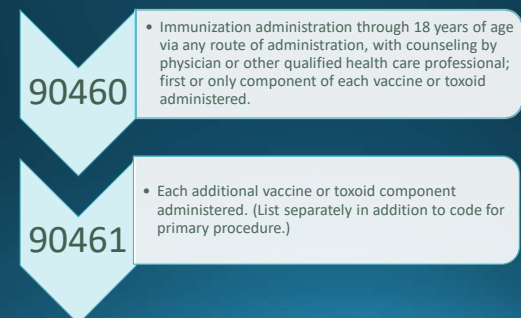
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Immunization Administration (IA)

- Includes 2 families of codes:
 - Codes 90460 and 90461
 - Codes 90471 – 90474

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Immunization Administration



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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

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graph TD
    Q1{Is the patient 18 years of age or younger?} -- Yes --> Q2{Is there documented physician or QHCP counseling?}
    Q1 -- No --> R1[Report 90471-90474]
    Q2 -- Yes --> R2[Report 90460-90461]
    Q2 -- No --> R3[Report 90471-90474]
    
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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 significant, separately identifiable, & medically indicated and must be documented 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)
Z23 (encounter for immunization)	90698 (DTaP-Hib-IPV) 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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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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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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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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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	Z00.121, Z00.129, Z00.110 or Z00.111 Z00.121, Z00.129, Z00.110 or Z00.111and Z23
Vaccines and IA	
Well visit	Z23
Vaccines and IA	

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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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CPT® Category I New and Revised Vaccine Codes (Including Incorporation of ACIP Abbreviations Listing) Long Descriptors

Most recent changes to the CPT® Category I New and Revised Vaccine Codes Long Descriptor document

- Addition of a space between "0.25" and "mL" in the descriptor for code 90689.
- Addition of one new code, 90699, accepted by the CPT Editorial Panel at the May 2018 meeting.

The following Vaccine code was accepted at the May 2018 CPT Editorial Panel meeting for the 2019 CPT production cycle. These codes are effective on January 1, 2019 following the six month implementation period which begins July 1, 2018.

Code	Long Code Descriptor	Released to AMA website	Effective	Publication
90689	Influenza virus vaccine quadrivalent (IVQ), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	July 1, 2018	January 1, 2019	CPT® 2019

FDA Approval Notifications

These revisions follow notification that this product had been granted FDA approval status on the date indicated. Code 90750 was originally published in CPT 2015.

Code	Long Code Descriptor	Released to AMA website	FDA Approval	Publication
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	November 6, 2017	October 20, 2017	CPT® 2019

These revisions follow notification that this product had been granted FDA approval status on the date indicated. Code 90739 was originally published in CPT 2013.

Code	Long Code Descriptor	Released to AMA website	FDA Approval	Publication
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	November 20, 2017	November 9, 2017	CPT® 2019

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Influenza Vaccine Products for the 2019–2020 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation)	How Supplied	Mercury Content (mg/kg/10mL)	Age Range	CVX Code	Vaccine Product Billing Code ¹ CPT
AstraZeneca	FluMist (LAIV4)	0.2 mL (single-use nasal spray)	0	2 through 49 years	149	90672
	Fluarix (IVQ)	0.5 mL (single-dose syringe)	0	6 months & older ²	150	90686
GlaxoSmithKline	FluLaval (IVQ)	0.5 mL (single-dose syringe)	0	6 months & older ²	150	90686
	FluLaval (IVQ)	5.0 mL (multi-dose vial)	<25	6 months & older ²	158	90688
Sanofi Pasteur	Flublok (BIV4)	0.5 mL (single-dose syringe)	0	18 years & older	185	90682
	Flublok (BIV4)	0.25 mL (single-dose syringe)	0	6 through 35 months ²	161	90685
	Fluzone (IVQ)	0.5 mL (single-dose syringe)	0	6 months & older ²	150	90686
	Fluzone (IVQ)	0.5 mL (single-dose vial)	0	6 months & older ²	150	90686
	Fluzone (IVQ)	5.0 mL (multi-dose vial)	25	6 through 35 months ²	158	90688
Seqirus	Fluzone High-Dose (IVQ-HD)	0.5 mL (single-dose syringe)	0	65 years & older	135	90662
	Fluzone High-Dose (IVQ-HD)	0.25 mL (single-dose syringe)	0	6 through 35 months ²	161	90685
	Afluria (IVQ)	0.5 mL (single-dose syringe)	0	3 years & older ²	150	90686
	Afluria (IVQ)	5.0 mL (multi-dose vial)	24.5	6 through 35 months ²	158	90688
	Afluria (IVQ)	5.0 mL (multi-dose vial)	24.5	3 years & older ²	158	90688
Flucelvax (celvax)	Flucelvax (celvax)	0.5 mL (single-dose syringe)	0	65 years & older	168	90653
	Flucelvax (celvax)	0.5 mL (single-dose syringe)	0	4 years & older	171	90674
	Flucelvax (celvax)	5.0 mL (multi-dose vial)	25	4 years & older	186	90756

NOTES

1. CVX codes are egg-based trivalent/quadrivalent inactivated influenza vaccine (nonadjuvanted) where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., ccIVQ). BIV4 = quadrivalent recombinant living-attenuated influenza vaccine (nonadjuvanted), BIV4 = adjuvanted trivalent inactivated influenza vaccine.
2. An administration code should always be reported in addition to the vaccine product code. Note: Third parties may have specific policies and guidelines that might require providing additional information on their claim forms.
3. Dosing for infants and children age 6 through 35 months:
 - Afluria: 0.25 mL
 - Fluarix: 0.5 mL
 - FluLaval: 0.5 mL
 - Fluzone: 0.25 mL or 0.5 mL
4. Afluria is approved by the Food and Drug Administration for intramuscular administration with the Premaject Dose Ready To Use Injection System for persons age 18 through 60 years.

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | info@immunize.org | 800-457-0775 (T) (V) (H)

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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 than 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

2019 Medicare Relative Value Units for Immunization Administration					
CPT code and description	Physician Work RVUs	Practice Expense RVUs (Non-Facility)	Professional Insurance Liability RVUs	Total RVUs (Non-Facility)	Total RVUs x 2019 Medicare conversion factor (\$36.04) = Medicare Amount (Non-Facility)
90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/tonal component *	0.17	0.29	0.01	0.47	\$16.94
90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/tonal component *	0.15	0.20	0.01	0.36	\$12.97
90471 Immunization administration, one injection **	0.17	0.29	0.01	0.47	\$16.94
90472 Immunization administration, each additional injection**	0.15	0.20	0.01	0.36	\$12.97
90473 Immunization administration by intramuscular route, first administration**	0.17	0.29	0.01	0.47	\$16.94
90474 Immunization administration by intramuscular route, each additional vaccine **	0.15	0.20	0.01	0.36	\$12.97

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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

[illegible]

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

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Claim Form

A. Hired under non-UCS use		B. AUTO-ATTENDANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		C. PLANT CODE		D. OTHER CLAIM NO. (Specify in RUCC)	
E. RESERVED FOR MUSE		YES <input type="checkbox"/> NO <input type="checkbox"/>		F. OTHER CLAIM PLANT OR PROGRAM NAME			
G. RESERVE PLANT NAME OR PROGRAM NAME		H. CLAIM CODES (Specify in RUCC)		I. IS THERE ANOTHER HEALTH BENEFIT PLANT?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide item B, C, and D	

BACK-UP OF FORM BEFORE COMPLETING & SIGNED THIS FORM

1. FAY DENT IS AUTHORIZED TO SIGN THIS FORM. I authorize the use of this information to assist in the diagnosis of the patient. I also agree to permit a general health officer to review this form and accept a general health officer's review.

SIGNED		DATE		SIGNED	
1. DATE OF CURRENT VISIT, PLANT OR PROGRAM NAME		2. OTHER DATE		3. HIRE DATE (UNLESS 2 MONTHS FROM OCCUPATION)	
DATE		DATE		DATE	
4. NAME OF REFERRING PROVIDER OR SOURCE		5. NAME OF PATIENT		6. HIRE DATE DATE RELATED TO CURRENT VISIT	
NAME		NAME		DATE	
7. A. CLAIM INFORMATION (Specify in RUCC)		B. OTHER ID		C. OTHER ID	
ID		ID		ID	
8. ENDORSE ON MATTER OF A CLAIM OF INJURY (Check X in reverse endowings)		9. CLAIM NO.		10. ORIGINAL REF. NO.	
YES <input type="checkbox"/> NO <input type="checkbox"/>		ID		ID	
11. A. DATE OF VISIT		B. DATE OF VISIT		C. DATE OF VISIT	
DATE		DATE		DATE	
12. TRACKED BY PERSONS (Specify in RUCC)		13. TRACKED BY PERSONS (Specify in RUCC)		14. TRACKED BY PERSONS (Specify in RUCC)	
NAME		NAME		NAME	
15. TRACKED BY PERSONS (Specify in RUCC)		16. TRACKED BY PERSONS (Specify in RUCC)		17. TRACKED BY PERSONS (Specify in RUCC)	
NAME		NAME		NAME	

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

[illegible]

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

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Claim Form

21. DIAGNOSIS ON NATURE OF ALIEN OF (ALIEN FROM A.C. or minor (under 18))										22. POLYMERIZATION CODE		23. ORIGINAL NET NO.	
A. _____		B. _____		C. _____		D. _____		E. _____		24. PRIOR AUTHORIZATION NUMBER			
F. _____		G. _____		H. _____		I. _____		J. _____					
25. A. DATE OF BIRTH _____ B. I. SEX _____ C. D. PROCEDURE BEING REQUESTED _____ E. PROCEDURE MONTH _____ F. D. DATES _____ G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KK. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.													
26. RECEIVING FACILITY LOCATION INFORMATION										27. RECEIVING PROVIDER ID #			
28. RECEIVING FACILITY LOCATION INFORMATION										29. RECEIVING PROVIDER ID #			
30. RECEIVING FACILITY LOCATION INFORMATION										31. RECEIVING PROVIDER ID #			
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99. RECEIVING FACILITY LOCATION INFORMATION										100. RECEIVING PROVIDER ID #			

Include any necessary modifiers for proper claims processing.

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Claim Form

The image shows a portion of the NJCOP Claim Form. A red arrow points to the 'Diagnosis' column in the procedure list, which is used to enter the diagnosis letter assignment corresponding to the specific CPT code.

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

65

Claim Form

The image shows another portion of the NJCOP Claim Form. A red arrow points to the 'NPI' field, which is used to insert the National Provider Identifier number for the individual provider rendering services.

Insert NPI number for individual provider rendering services.

66

Claim Form

The image shows the bottom portion of the NJCOP Claim Form. Two red arrows point to the 'Tax ID' and 'NPI' fields, indicating that these numbers are required for billing.

Tax Identification number and NPI number are needed for billing.

67



Questions

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

68

Thank you
for your participation!

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