



Network Notification

Date: February 23, 2011

Number: OH-P-2010-32c

To: Ohio Providers

From: CareSource

Subject: Immunization and Administration Billing Policy

CPT Codes Involved: 90460-90461 and 90471-90474

Effective Date: January 1, 2011

The following outlines CareSource's new guidelines for billing immunizations and administration for reimbursement.

Please note: Providers can bill select vaccinations (codes 90460 and 90461) with multiple components (e.g., measles, mumps, rubella) as three vaccinations versus one, resulting in a higher level of reimbursement for select vaccinations.

This sample grid of CPT codes is current as of June 2010. CPT codes change often. For the most current list of codes, copy and paste this link into your browser, or visit:

http://emanuals.odjfs.state.oh.us/emanuals/DataImages.srv/emanuals/pdf/pdf_forms/3412APXA.PDF

CPT Code	Description
90633	Hepatitis A, pediatric/adolescent, two-dose schedule
90634	Hepatitis A, pediatric/adolescent, three-dose schedule
90645	Hib (Hemophilus influenza B), HbOC conjugate
90646	Hib, PRP-D conjugate, for booster only
90647	Hib, PRP-OMP conjugate
90648	Hib, PRP-T conjugate
90649	Human papilloma virus (HPV), types 6,11,16,18, three-dose schedule
90655	Influenza, split virus, preservative free, six to thirty five months of age
90656	Influenza, split virus, preservative free, three years of age and older
90657	Influenza, split virus, six to thirty five months of age
90658	Influenza, split virus, three years of age and older
90660	Influenza, intranasal
90669	Pneumococcal conjugate, polyvalent, children under five years of age

90680	Rotavirus vaccine, pentavalent, three-dose schedule
90681	Rotavirus vaccine, live, oral
90696	DTaPIPv (diphtheria, tetanus toxoids, acellular pertussis adsorbed, inactivated poliovirus)
90698	DTaPIPHI (diphtheria, tetanus toxoids, acellular pertussis adsorbed, inactivated poliovirus, Hemophilus b conjugate)
90700	DTaP (diphtheria, tetanus, and acellular pertussis) for individuals younger than seven years of age
90702	DT (diphtheria and tetanus toxoids) for individuals younger than seven years of age
90703	Tetanus toxoid adsorbed
90707	MMR (measles, mumps and rubella), live
90710	Measles, mumps, rubella and varicella vaccine
90713	Poliovirus, inactivated, (IPV), subcutaneous
90714	Td (Tetanus and diphtheria toxoid) preservative free, for individuals seven years and older
90715	Tetanus, diphtheria toxoids and acellular pertussis, for individuals seven years or older
90716	Varicella (chickenpox), live
90718	Td (Tetanus and diphtheria toxoids) adsorbed, for individuals seven year or older
90721	DTaP-Hib (diphtheria, tetanus toxoids, and acellular pertussis and Hemophilus influenza B)
90723	DtaP-HepB-IPV (diphtheria, tetanus toxoids, acellular pertussis, Hepatitis B, and poliovirus), inactivated
90732	Pneumococcal polysaccharide vaccine, 23-valent two years or older
90733	Meningococcal polysaccharide, two to eighteen years of age
90734	Meningococcal conjugate, serogroups A,C,Y and W-135, eleven to eighteen years of age for intramuscular use
90744	Hepatitis B vaccine; pediatric/adolescent dosage (three-dose schedule)
90748	HepB-Hib, Hepatitis B and Hemophilus influenza b vaccine

How to Bill:

- Bill for the administration of the designate free vaccines using the appropriate codes (90460-90461 and 90471-90474) in conjunction with the vaccine code(s)
- Reimbursement for the administration of the free vaccines will be applied to the administration code only
- Reimbursement is not available for the cost of the designated free vaccine(s)

In 2011, two new codes for children age 18 and under now include the administration fee, counseling and vaccine components. For additional information, see the supplement to this policy.

Examples of Correct & Incorrect Billing

Incorrect Billing – Single Line

- 90648 – Hib \$15 = \$0
- Or
- 90460 – Immunization administration; 1 vaccine \$15 = \$0

Correct Billing – Multiple Lines

- 90648 – Hib \$15 = \$0
- 90460 – Immunization administration; 1 vaccine/component \$15 = \$10

Non-VFC Designated Vaccines – Age 19+

CPT Code	Description
90585	BGG, percutaneous
90586	BCG, intravesical
90632	Hepatitis A, adult
90633	Hepatitis A, pediatric/adolescent, two-dose schedule
90634	Hepatitis A, pediatric/adolescent, three-dose schedule
90636	Hepatitis A and hepatitis B, adult
90645	Hib (Hemophilus influenza B) HbOC conjugate
90646	Hib, (PRP-D conjugate, for booster only)
90647	Hib, PRP-OMP conjugate
90648	Hib, PRP-T conjugate
90656	Influenza, split virus, preservative free, three years of age and above
90658	Influenza, split virus, for use in individuals three years of age and older, intramuscular
90660	Influenza, intranasal
90675	Rabies, intramuscular
90676	Rabies, intradermal
90703	Tetanus toxoid absorbed
90707	Measles, mumps, rubella virus (MMR)
90710	Measles, mumps, rubella, varicella (MMRV)
90714	Td (Tetanus and diphtheria toxoids) preservative free, for individuals seven years and older
90715	Tetanus and diphtheria toxoids (Td), for individuals seven years and older
90716	Varicella virus vaccine
90718	Td (Tetanus and diphtheria toxoids) absorbed, for individuals seven years or older
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient, for individuals two years or older
90733	Meningococcal polysaccharide
90734	Meningococcal conjugate, serogroups A,C,Y and W-135
90735	Encephalitis
90740	Hepatitis B, dialysis or immunosuppressed patient (three-dose schedule)
90746	Hepatitis B vaccine, adult (nineteen years or older)
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (four-does schedule)

How to Bill:

- Bill for the administration of the vaccines using the appropriate codes (90471-90474) in conjunction with the vaccine code(s)
- Reimbursement for the administration of the vaccines will be applied to both the administration code and the vaccine(s)

Examples of Correct & Incorrect Billing:

- *Incorrect Billing – Single Line*
90700 – DtaP \$15 = \$0

OR

90471 – Immunization administration; 1 vaccine \$15 = \$0
- *Correct Billing – Multiple Lines*
90707 – Measles, mumps, rubella virus (MMR) \$50 = \$45
90471 – Immunization administration; 1 vaccine \$15 = \$10

Immunization Policy – Supplement

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

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/toxoid component (List separately in addition to code for primary procedure)

Sample Grid (not inclusive of all vaccines):

CPT Code	Number of Components	CPT 2011 Administration Code
90648	1	90460
90715	3	90460 + 90461 x 2
90650	1	90460
90748	2	90460 + 90461 x 1
90700	3	90460 + 90461 x 2
90707	3	90460 + 90461 x 2
90714	2	90460 + 90461 x 1
90746	1	90460
90747	1	90460
90744	1	90460
90656	1	90460
90660	1	90460
90658	1	90460
90657	1	90460

American Academy of Pediatrics website: <http://practice.aap.org/content.aspx?aid=2334>

Additional Example:

A 5-year-old receives DtaP-IPV IM administration and MMR/Varicella vaccines SQ administration (Code also each additional component in the vaccine)

Example of Codes to Bill:

- 90700 = \$0
- 90707 = \$0
- 90460 x 2 = \$30
- 90461 x 4 = \$40

TOTAL PAYMENT: \$70

These guidelines include billing standards both for Vaccines for Children (VFC) and non-VFC immunizations.