

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



FAQ Fact Sheet for the 2011 Pediatric Immunization Administration (IA) Codes

Q. I heard that the pediatric immunization administration codes (90465-90468) are being deleted for 2011. Is that true?

A. Yes, that is true. Starting January 1, 2011 codes 90465, 90466, 90467 and 90468 will be deleted from the CPT nomenclature.

Q. Will codes 90471-90474 be deleted, as well?

A. No, codes 90471-90474 will *not* be deleted nor revised in any way.

Q. Are codes 90465-90468 being replaced? If so, what are the new code numbers and code descriptors?

A. Yes, codes 90465-90468 are being replaced with two new codes, 90460 and 90461.

The new CPT codes are as follows:

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/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.)

Code 90460 is reported once for the first component of each vaccine administered by any route. The reporting of code 90460 includes counseling for the first vaccine component. Code 90461 is additionally reported for the counseling associated with each additional component of any combination vaccine.

The “+” sign next to code 90461 indicates that it is an add-on code, just like 90466 was an add-on code to 90465 and 90468 was an add-on code to 90467. An add-on code (ie, 90461) can only be reported in conjunction with the primary code (in this case, 90460).

Q. How does CPT define a vaccine “component”?

A. A component refers to all antigens in a vaccine that prevents disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components.

Q. How many components are in the common pediatric vaccines and which pediatric immunization administration codes would I report with each?

A. Please see chart below:

Vaccine	# of Vaccine Components	Immunization Administration Code(s) Reported	ICD-9-CM Code Reported When Vaccine Administered During A Non-Preventive Medicine Visit†
HPV	1	90460	V04.89
Influenza	1	90460	V04.81
Meningococcal	1	90460	V03.89
Pneumococcal	1	90460	V03.82
Td	2	90460 & 90461	V06.5
DTaP or Tdap	3	90460, 90461, & 90461	V06.1
MMR	3	90460, 90461, & 90461	V06.4
DTaP-Hib-IPV (Pentacel®)	5	90460, 90461, 90461 90461, & 90461	V06.8
DTaP-HepB-IPV (Pediarix®)	5	90460, 90461, 90461 90461, & 90461	V06.8

†ICD-9-CM guidelines indicate that immunizations administered as part of a routine well baby or child check should be reported with code V20.2. The codes listed above can be reported in addition to the V20.2 code if specific payers request them. Immunizations administered in encounters **other than those for a routine well baby or child check** should be reported only with the codes listed above.

Q. If a vaccine provides protection against multiple diseases but is not available in the United States as single component individual products, can I still report codes 90460-90461?

A. Yes, the CPT definition of component is not dependent on the availability of the product as single components. The commercial availability of vaccine products is a dynamic process that may vary throughout the year making this a difficult indicator to use.

Q. How are the new pediatric immunization administration codes (90460-90461) different from the former pediatric immunization administration codes (90465-90468)?

A. Please see chart below:

	New Codes 90460 and 90461	Deleted Codes 90465-90468
Reported "per"	Component	Immunization (single or combination)
Age restriction	18 years and younger	Younger than 8 years of age
Counseling	Required by physician or other qualified healthcare professional*	Required by physician

Routes of administration	Use for all routes of administration	Codes differ based on route of administration (eg, injectable versus intranasal)
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*Note that CPT does not define the term “other qualified healthcare professional.” Please refer to your state scope of practice laws to determine qualification.

Q. Will there ever be an occasion, given the new guidelines for reporting the pediatric immunization administration codes (90460-90461) where we would ever need to report the 90471-90474 codes?

A. Yes. If you see older patients (ie, those 19 years and older) or if there is no counseling performed on the patient or the healthcare professional counseling does not meet state requirements for an “other qualified healthcare professional.”

Q. Can the new immunization administration (IA) codes (90460-90461) be reported in the NICU setting where the independent physician is providing face-to-face counseling and dissemination of information regarding the vaccine components but the hospital-employed nursing staff is providing the supplies and administering the vaccine?

A. No. Since this situation essentially splits the actual administration (as performed by the facility-employed nurses) from the vaccine counseling (as performed by the physician), codes 90460-90461 cannot be reported.

The new pediatric IA codes (90460-90461) are no different from their predecessor pediatric IA codes (90465-90468) in this regard. Since the Medicare Resource-Based Relative Value Scale (RBRVS) values for the IA codes include the work (counseling), the practice expense (clinical staff time, medical supplies, and medical equipment) and the professional liability insurance expense, all three of these components must originate from one source for the codes to be able to be reported. In this situation, the facility is incurring the practice expense while the physician is doing the work of vaccine counseling. Therefore, the codes cannot be reported. Again, this restriction is no different from the restriction in place with the previous pediatric IA codes, 90465-90468.

Q. The new codes specify that the counseling must be performed by a physician or “other qualified healthcare professional.” What determines who qualifies as a “qualified healthcare professional”?

A. Each state’s scope of practice laws determine what types of individuals are “qualified healthcare professionals.”

When CPT guidelines reference a qualified health care provider, they are referring to “those providers whose scope of practice as defined by regulation permits them to perform the service represented by the specific code...(with acknowledgement that)...licensure and credentialing vary on a state-by-state and institutional basis...(and that)...relevant state and institutional authorities should be consulted regarding the appropriate reporting of these services by

qualified health care professionals” (American Medical Association, *Principles of CPT Coding*, 6th edition, page 468).

Scope of practice is terminology that is used by state licensing boards for various professions to define the procedures, actions, and processes that are permitted for a licensed individual. It defines the level of medical responsibility and/or health services (boundaries within which a health care provider may practice) and/or range of activities that a practitioner is legally authorized to perform independently or with supervision based on their specific education and experience.

In order to report CPT codes 90460-90461, *either* the physician or the qualified health care professional who is reporting the service must perform face-to-face counseling (and so document that the counseling was personally performed). To determine if someone other than a physician meets the criteria of a qualified health care professional, each practice should refer to their particular state scope of practice laws.

Q) Can codes 90460-90461 be reported even when the vaccine counseling occurs on a different date of service from the actual administration?

Vignette A:

Physician/other qualified healthcare professional counsels patient/parent on all vaccines needed during the annual preventive medicine service visit. Because the parent refuses multiple vaccines on the same day, the patient is on an alternative vaccine schedule and some of the vaccines are given over a series of visits. These subsequent visits are for vaccines only and the physician/other qualified healthcare professional does not see the patient/parent. Can codes 90460-90461 be reported on each day that the vaccine(s) are administered?

Vignette B:

Physician/other qualified healthcare professional counsels patient/parent on vaccines during an office visit. However, since the patient is ill, the administration of the vaccines is deferred at the parent’s request until the patient's illness has resolved. Therefore, the vaccines are administered on a different day than the vaccine counseling. Can codes 90460-90461 be reported?

A) No. CPT 2011 currently states that codes 90460 and 90461 are reported when the physician or qualified healthcare professional provides face-to-face counseling of the patient and family during the administration of a vaccine. Since the situations above essentially split the actual administration from the vaccine counseling, codes 90460-90461 cannot be reported. In these situations, continue to report the immunization administration using codes 90471-90474, since they do not have explicit counseling requirements as part of their descriptors.

Q. We administer the Prevnar-13[®] to our patients. Do we report this vaccine to have thirteen components?

A. No, because the antigens contained in the Prevnar-13[®] vaccine only prevents disease caused by one organism (ie, pneumococcus).

Q. In a single encounter, can I report code 90460 more than once?

A. Yes, it is possible and allowable. Keep in mind that each vaccine administered is its own "entity." Therefore, for each individual vaccine administered, you will report code 90460 since every vaccine will have at minimum one vaccine component.

Then, depending on the specific vaccine, code 90461 may be additionally reported if the vaccine is a multiple component vaccine.

For example, if you administer an MMR vaccine and a varicella vaccine at the same encounter, you will report codes 90460, 90461, and 90461 for the MMR vaccine and 90460 for the varicella vaccine.

Q. What ICD-9-CM codes should we report with the new pediatric immunization administration codes when vaccines are administered during a routine well-baby/infant/child check?

A. Per ICD-9-CM guidelines, code V20.2 encompasses all age appropriate vaccines administered during a routine health check to patients through 17 years of age and, therefore, should be the only diagnosis code reported for any vaccine administered during a routine well-baby/infant/check. For patients 18 years of age and above, report V70.0 instead of V20.2.

Q. When administering certain multiple component vaccines, such as the Pentacel[®] (DTaP-IPV-Hib), Pediarix[®] (DTaP-HepB-IPV), ProQuad[®] (MMR-V) or Comvax[®] (HepB-Hib), during a time other than a routine well-baby/infant/child check, what ICD-9-CM codes(s) should be reported? I am asking because under the former pediatric immunization administration codes, we were required to report two distinct ICD-9-CM codes and that could complicate things under the new pediatric immunization administration codes.

A. Under the new pediatric immunization administration codes, those vaccines that contain multiple components that now require two distinct ICD-9-CM codes (eg, Pentacel[®] is reported with both V06.3 and V03.81) will be reported with one ICD-9-CM code: V06.8.

This guideline was revised due to the significant administrative burden it would have caused for the physician or other qualified healthcare professional to have to know which vaccine components are linked to which ICD-9-CM code. While ICD-9-CM guidelines do require coding to the greatest specificity, in this case it is too burdensome. Please refer to the Academy's Vaccine Coding Table in Attachment A below for more information.

Q. Since most infant well visit exams will then generate more than one claim per visit because paper claims have a maximum of eight billable items, I am wondering if we are going to see a lot of rejected claims and, if so, how do we deal with that?

Also, must the 90460's be reported "pair-wise" on claims (ie, one line for each supported vaccine), or can they be "rolled up" to the total unit count for the encounter? In other words, for the vignette below, would you report (4) lines of 90460 with (1) unit each, or could you create a single line of 90460 with (4) units?

Similarly, with code 90461, would your first vignette be (4) lines of code 90461 with (1) unit each, or a single link of code 90461 with (4) units? If the latter approach is acceptable, what would happen if a single claim contained more than one multiple component vaccine? Can code 90461 "cross state lines" or must it be used pair-wise with each vaccine?

A. Given that IA codes have always been written to report multiple codes based on the number of injections, this is not a novel issue with the advent of codes 90460-90461. Continue to follow CPT guidelines and instructions provided by payers for reporting the service in units.

The following is an example of how a payer may require reporting during a patient's first year of well-baby visits, including all of the age appropriate corresponding vaccines:

A patient presents for her 2-month-old well-child check and given the DTaP-Hib-IPV (Pentacel[®]) vaccine, pneumococcal vaccine, and rotavirus vaccine:

	CPT descriptor	CPT code	Units
Line 1	Preventive medicine service <1 year	99391	1
Line 2	DTaP-Hib-IPV (Pentacel) vaccine	90698	1
Line 3	First (Pentacel [®]) vaccine component	90460	1
Line 4	Each additional (Pentacel [®]) component	90461	4
Line 5	Pneumococcal vaccine	90670	1
Line 6	First (pneumococcal) vaccine component	90460	1
Line 7	Rotavirus vaccine	90680	1
Line 8	First (rotavirus) component	90460	1

The same patient presents for her 4-month-old well-child check and is given the DTaP-Hib-IPV (Pentacel[®]) vaccine, pneumococcal vaccine, and rotavirus vaccine:

	CPT descriptor	CPT code	Units
Line 1	Preventive medicine service <1 year	99391	1
Line 2	DTaP-Hib-IPV (Pentacel [®]) vaccine	90698	1
Line 3	First (Pentacel) vaccine component	90460	1
Line 4	Each additional (Pentacel [®]) component	90461	4
Line 5	Pneumococcal vaccine	90670	1
Line 6	First (pneumococcal) vaccine component	90460	1
Line 7	Rotavirus vaccine	90680	1
Line 8	First (rotavirus) component	90460	1

The same patient presents for her 6-month-old well-child check and given the DTaP vaccine, pneumococcal vaccine, and Hepatitis B-Hib (Comvax[®]) vaccine:

	CPT descriptor	CPT code	Units
Line 1	Preventive medicine service <1 year	99391	1
Line 2	DTaP vaccine	90700	1
Line 3	First (DTaP) vaccine component	90460	1
Line 4	Each additional (DTaP) component	90461	2
Line 5	Pneumococcal vaccine	90670	1
Line 6	First (pneumococcal) vaccine component	90460	1

*Additional Claim Form

	CPT descriptor	CPT code	Units
Line 1	Hepatitis B-Hib (Comvax [®]) vaccine	90748	1
Line 2	First (Comvax [®]) vaccine component	90460	1
Line 3	Each additional (Comvax [®]) vaccine component	90461	1

The same patient presents for her 12-month-old well-child check and given the MMRV (ProQuad[®]) vaccine, IPV vaccine, and Hib vaccine:

	CPT descriptor	CPT code	Units
Line 1	Preventive medicine service 1-4 years	99392	1
Line 2	MMRV vaccine	90710	1
Line 3	First (MMRV) vaccine component	90460	1
Line 4	Each additional (MMRV) component	90461	3
Line 5	IPV vaccine	90713	1
Line 6	First (IPV) vaccine component	90460	1
Line 7	Hib vaccine	90648	1
Line 8	First (Hib) vaccine component	90460	1

Be sure to “lump” all codes related to a single vaccine on a single claim form. If you encounter a case where a claim must extend onto a second claim form, it will be important that the vaccine code and appropriate immunization administration codes appear on that second claim form together (please see above *).

Attachment A: Vaccine Coding Table

Effective 01/01/2011

Commonly Administered Pediatric Vaccines/Toxoids

Vaccine	<i>Separately report the administration with codes 90460-90461 or 90471-90474 [Please see table below]</i>	Manufacturer	Brand	ICD-9-CM [†]
90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, for intramuscular use	GlaxoSmithKline Merck	HAVRIX® VAQTA®	V05.3
90634	Hepatitis A vaccine, pediatric/adolescent dosage, 3 dose, for intramuscular use	GlaxoSmithKline	HAVRIX®	V05.3
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	GlaxoSmithKline	MenHibrix™	V06.8
90645	Hemophilus influenza B vaccine (Hib), HbOC conjugate, 4 dose, for intramuscular use	Wyeth	HibTITER®	V03.81
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate, 3 dose, for intramuscular use	Merck	PedvaxHIB®	V03.81
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for intramuscular use	sanofi pasteur GlaxoSmithKline	ActHIB® HIBERIX®	V03.81
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Merck	GARDASIL®	V04.89
90650	Human Papilloma virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	GlaxoSmithKline	CERVARIX™	V04.89
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	sanofi pasteur	Fluzone No Preservative Pediatric®	V04.81
90656	Influenza virus vaccine, split virus, preservative free, when administered to 3 years of age and above, for intramuscular use	sanofi pasteur Novatis GlaxoSmithKline	Fluzone No Preservative® Fluvirin® FLUARIX™	V04.81
90657	Influenza virus vaccine, split virus, 6–35 months dosage, for intramuscular use	sanofi pasteur	Fluzone®	V04.81
90658	Influenza virus vaccine, split virus, 3 years and older dosage, for intramuscular use	sanofi pasteur Novartis	Fluzone® Fluvirin®	V04.81
90660	Influenza virus vaccine, live, intranasal use	MedImmune	FluMist®	V04.81
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use			V04.81
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Wyeth	PREVNAR 13™	V03.82
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	Merck	RotaTeq®	V04.89
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	GlaxoSmithKline	ROTARIX®	V04.89
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	GlaxoSmithKline	KINRIX™	V06.3
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use	sanofi pasteur	Pentacel®	V06.8
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	sanofi pasteur sanofi pasteur GlaxoSmithKline	DAPTACEL® Tripedia® INFANRIX®	V06.1
90702	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	sanofi pasteur	Diphtheria and Tetanus Toxoids Adsorbed	V06.5
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	Merck	M-M-R II®	V06.4
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Merck	ProQuad®	V06.8
90713	Poliovirus vaccine (IPV), inactivated, for subcutaneous or intramuscular use	sanofi pasteur	IPOL®	V04.0
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for intramuscular use	sanofi pasteur	DECAVAC®	V06.5
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	sanofi pasteur GlaxoSmithKline	ADACEL® BOOSTRIX®	V06.1
90716	Varicella virus vaccine, live, for subcutaneous use	Merck	VARIVAX®	V05.4
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to 7 years or older, for intramuscular use	sanofi pasteur	Tetanus and Diphtheria Toxoids Adsorbed for Adult Use	V06.5
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib)	sanofi pasteur	TriHIBit®	V06.8

Vaccine	<i>Separately report the administration with codes 90460-90461 or 90471-90474 [Please see table below]</i>	Manufacturer	Brand	ICD-9-CM [‡]
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	GlaxoSmithKline	PEDIARIX [®]	V06.8
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	Merck	PNEUMOVAX 23 [®]	V03.82
90733	Meningococcal polysaccharide vaccine, for subcutaneous use	sanofi pasteur	Menomune [®]	V03.89
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	sanofi pasteur Novartis	Menactra [®] Menveo [®]	V03.89
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose, for intramuscular use	Merck	RECOMBIVAX HB [®]	V05.3
90743	Hepatitis B vaccine, adolescent, 2 dose, for intramuscular use	Merck	RECOMBIVAX HB [®]	V05.3
90744	Hepatitis B, pediatric/adolescent dosage, 3 dose, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB [®] ENERGIX-B [®]	V05.3
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB [®] ENERGIX-B [®]	V05.3
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose, for intramuscular use	GlaxoSmithKline	ENERGIX-B [®]	V05.3
90748	Hepatitis B and Hib (Hep B-Hib), for intramuscular use	Merck	COMVAX [®]	V06.8
90749	Unlisted vaccine or toxoid	Please	See	ICD-9-CM
Immunization Administration Codes				
Immunization Administration Through Age 18 With Counseling				
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/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			
Immunization Administration				
90471	Immunization administration, one vaccine			
90472	Immunization administration, each additional vaccine			
90473	Immunization administration by intranasal/oral route; one vaccine			
90474	Immunization administration by intranasal/oral route; each additional vaccine			

[‡]ICD-9-CM guidelines indicate that immunizations administered as part of a routine well baby or child check should be reported with code V20.2. The codes listed above can be reported in addition to the V20.2 code if specific payers request them. Immunizations administered in encounters **other than those for a routine well baby or child check** should be reported only with the codes listed above.

 Vaccine pending FDA approval [<http://www.ama-assn.org/ama/pub/category/10902.html>]

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