

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.)

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
HPV	1	90460
Influenza	1	90460
Meningococcal	1	90460
Pneumococcal	1	90460
Td	2	90460 & 90461
DTaP or Tdap	3	90460, 90461, & 90461
MMR	3	90460, 90461, & 90461
DTaP-Hib-IPV (Pentacel)	5	90460, 90461, 90461 90461, & 90461
DTaP-HepB-IPV (Pediarix)	5	90460, 90461, 90461 90461, & 90461

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)

*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. 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, pneumococcal).

Q. In a single encounter, can I report 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 and, therefore, should be the only diagnosis code reported for any vaccine administered during a routine well-baby/infant/check check.

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 electronic claims have a maximum of eight billable items, I am wondering if we are going to see a lot of rejected claims and how 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 90461 with (1) unit each, or a single link of 90461 with (4) units? If the latter approach is acceptable, what would happen if a single claim contained more than one multi-antigen 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 really a new issue depending on the number of vaccines given. However, the AAP is currently working with a large claims edit logic company and some national carriers to determine how best to handle this and limit the number of denials. The AAP is recommending that you code each vaccine as its own "entity." Therefore, you would not "roll-up" the 90460 codes and the only 90461 codes that you should "roll-up" are those that belong to the same vaccine (eg, Pentacel).

Vignette:

A 2-month-old presents for a well-child check and the vaccines given are the DTaP-Hib-IPV (Pentacel), pneumococcal, and rotavirus

	CPT description	CPT Code	Units
Line 1	Preventive medicine service <1 year	99391	1
Line 2	DTaP-Hib-IPV (Pentacel) vaccine serum	90698	1
Line 3	First (Pentacel) vaccine component	90460	1
Line 4	Each additional (Pentacel) component	90461	4
Line 5	Pneumococcal vaccine serum	90670	1
Line 6	First (pneumococcal) vaccine component	90460	1
Line 7	Rotavirus vaccine serum	90680	1
Line 8	First (rotavirus) 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 serum code and appropriate immunization administration codes appear on that second claim form together.

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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