

Internal Medicine Coding Alert

5 Steps Help You Pinpoint the Right Flu Shot Code Every Time

CMS changed the rules for flu shot diagnoses -- get the details below

Flu season is under way right now, so you probably have patients lined up at your door for flu shots. Ease your flu shot coding worries with five quick tips that can get you on your way to coding bliss.

Tip 1: Select the Right Code for the Vaccines You Administer

Reporting a flu shot is a two-code process, and you should first choose the correct vaccine code and then the appropriate administration code.

To determine which vaccine code applies to your patient, you should direct your attention to codes 90656 (Influenza virus vaccine, split virus, preservative-free, for use in individuals 3 years of age and above, for intramuscular use) and 90658 (Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use).

What's the difference? You'll probably report 90658 more frequently than 90656, because 90656 refers to a preservative-free vaccination, which physicians use less frequently. That's the only difference between the two codes.

You should check the documentation or the vaccine's packaging to determine which type the internist administered, says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CHCC**, president of CRN Healthcare Solutions, a coding and reimbursement consulting firm in Tinton Falls, N.J.

Double-check administration method: Because more and more physicians perform intranasal flu vaccinations each year, you should confirm that your physician injected the patient before you report one of the above codes. If the physician performed the vaccination intranasally on or after Oct. 1, 2006, you should instead report 90660 (Influenza virus vaccine, live, for intranasal use).

Tip 2: Pin Down the Right Administration Code

Now that you've got your vaccine code in check, you should select the correct code to reflect the internist's work administering the shot.

If the flu shot is the primary vaccine that your physician performs, bill private carriers with 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous, or intramuscular injections]; one vaccine [single or combination vaccine/toxoid]).

If you administer the flu shot in addition to another primary vaccine for a private insurance patient, you should also report +90472 (... each additional vaccine [single or combination vaccine/toxoid] [list separately in addition to code for primary procedure]) to reflect the second immunization.

Medicare wants G codes: If you bill Medicare for the flu shot administration, report G0008 (Administration of influenza virus vaccine when no physician fee schedule service on the same day), as long as the physician doesn't render any other services that day.

If the internist administers an intranasal vaccine, you should bill private payers with 90473 (Immunization administration by intranasal or oral route; one vaccine [single or combination vaccine/toxoid]) or +90474 (... each additional vaccine [single or combination vaccine/toxoid]). If you treat a Medicare patient with the intranasal vaccine, you should avoid 90473-90474, and instead stick with G0008.

Tip 3: Know Your Diagnosis Code

Medicare and most private insurers instruct physicians to link the flu vaccine codes to V04.81 (Need for prophylactic vaccination against certain viral diseases; other viral diseases; influenza). You should use this diagnosis for both the vaccine code and the administration code to show medical necessity for both services.

Tip 4: Update Rules When Physician Administers PPV With Flu Shot

Internal medicine practices have often expressed confusion about which codes to report when they administer flu and PPV vaccines on the same date, but a recent Medicare MLN Matters article with an effective date of Oct. 1, 2006, clears it up.

According to the article, you should report V06.6 (Need for prophylactic vaccination and inoculation against streptococcus pneumoniae [pneumococcus] and influenza) "on claims that contain influenza virus and/or PPV vaccines and their administration when the purpose of the visit was to receive both vaccines."

The breakdown: Therefore, if you're billing private payers for a flu vaccine that includes preservatives, along with a PPV vaccine, you should report 90658 for the flu shot and 90732 (Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use) for the PPV administration, according to **Lisa Barnes, CPC**, coder at Fayetteville Diagnostic Clinic in Fayetteville, Ark. In addition, you'll report 90471 for the first vaccine and 90472 for the PPV vaccine, Barnes says. Link all of these codes to V06.6.

If you're billing Medicare for the flu shot visit, you should instead report 90658, 90732, G0008 and G0009 (Administration of pneumococcal vaccine when no physician fee schedule service on the same day), all linked to V06.6, Barnes says.

Tip 5: Bill Separate E/M, but Only if Well-Documented

You can report a separately identifiable E/M service with your flu shot codes, as long as your physician fully documents the E/M details and the medical necessity of the visit. You should append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code.

If you are billing Medicare, you cannot bill the G code for the administration in addition to the E/M code. You can only bill the E/M and 90658 and/or 90732.

OIG Cites Flu Shot With E/M as Potential Problem

Keep in mind that the OIG is carefully monitoring claims that physicians report for E/M visits with modifier 25 appended. In fact, the OIG released a report titled "Modifier 25" last year that specifically noted problems with E/M claims when reported with flu shots.

The report stated that 27 percent of modifier 25 claims had documentation of the procedure but not the separate E/M. It said, "Documentation for one of the records reviewed indicated that a Medicare beneficiary presented for a flu shot. The provider submitted a claim for the flu shot and an E/M service, the latter using modifier 25 ... The provider furnished documentation that a flu shot was provided, but no documentation to support the claim for a separate E/M service."

To see a breakdown of the flu shot coding options, see our chart, "Get Your Flu Shot Coding on Track With This Helpful Tool" in this issue.

For more information on providing flu shots to Medicare patients, visit www.cms.hhs.gov/AdultImmunizations/Downloads/20062007101006FINALFluGuide.pdf or www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf.

