

Internal Medicine Coding Alert

CPT 2004 Update: Report Multiple Vaccines With 90698 and 90715

3 new codes simplify your vaccine coding

CPT 2004 introduces 90698 and 90715 to reflect a new vaccine combination of diphtheria and tetanus that should save the internist from administering several shots and save you from listing several different codes. Also, with new code 90734, your physician can now bill for a serogroup meningococcal vaccine.

Choose 90698 for Combination Vaccine

In the Vaccines, Toxoids section, CPT 2004 adds 90698 (Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated [DTaP-Hib-IPV], for intramuscular use) because this vaccination represents a combined supply of diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza type B, and poliovirus vaccine.

If the internist vaccinates a patient for diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza type B, and poliovirus, you should no longer report separate codes for each vaccine. For instance, you wouldn't list separate codes like 90700 (Diphtheria, tetanus toxoids, and acellular pertussis vaccine [DTaP], for intramuscular use) and 90713 (Poliovirus vaccine, inactivated [IPV], for subcutaneous use). Instead, you should assign only 90698, says **Catherine Brink, CMM, CPC**, president of Healthcare Resource Management in Spring Lake, N.J.

Use New Codes for TdaP, Meningococcal Shots

When your internist uses a tetanus, diphtheria toxoid acellular pertussis (TdaP) vaccination, you may use new code 90715 (Tetanus, diphtheria toxoids and acellular pertussis vaccine [TdaP], for use in individuals seven years or older, for intramuscular use). The physician would use this vaccine as a booster for diphtheria (032.x), lockjaw (037, Tetanus) and whooping cough (033.x).

Before 90715, coders had to use multiple codes to represent the TdaP vaccine. Now, however, you can use one code for the same amount of work.

New code 90734 (Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 [tetraivalent], for intramuscular use) adds more specificity to your physician's meningococcal vaccinations, because the code states a specific serogroup of meningococcal. For instance, you would use 90734 when the physician vaccinates a patient for meningococcal serogroups A, C, Y and W-135. On the other hand, you would report established code 90733 (Meningococcal polysaccharide vaccine [any group(s)], for subcutaneous use) when the physician treats a patient with polysaccharide vaccine for any group of meningococcal disease.

2 Surefire Tips to Avoid 90471 and 90734 Errors

TIP 1: Remember that these new codes only identify the vaccine product and do not include the actual vaccine administration. To report administration, use either 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections]; one vaccine [single or combination vaccine/toxoid]) or +90472 (... each additional vaccine [single or combination vaccine/toxoid] [list separately in addition to code for primary procedure]).

TIP 2: To avoid coding mistakes, such as submitting established code 90733 (... any groups ...) for serogroups meningococcal vaccine (90734), you should update your encounter form by January to include the new codes, Brink says. This way, the physician will have the appropriate code to choose from following an immunization service, she adds.

Warning: Medicare Won't Pay for New Codes

Don't expect Medicare to reimburse your internist for 90698, 90715 and 90734. CMS doesn't issue RVUs for those codes and will not pay for the above vaccines unless the physician uses them to treat an injury or illness. For example, if a patient cuts himself, the physician may administer the tetanus vaccine (90715). In that case, Medicare will pay.

But some private payers reimburse for immunizations. You should check with your private carriers to determine how much reimbursement your internist may receive for 90698, 90715 and 90734.

Report Split-Virus Codes

You won't be able to report the whole influenza virus vaccine code in 2004 because CPT deleted 90659 (Influenza virus vaccine, whole virus, for intramuscular or jet injection use). No manufacturer produces the whole-virus vaccine anymore.

But you shouldn't miss 90659: Manufacturers haven't produced the whole-virus vaccine in many years, and Medicare usually rejected the code, says **Anthony M. Marinelli, MD, FCCP**, chairman of the American Thoracic Society's Clinical Practice Committee in Oak Park, Ill.

Coders should now rely on revised codes 90657 (Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use) or 90658 (... for use in individuals 3 years of age and above, for intramuscular use) to report the influenza split-virus vaccine.

In addition, CPT revised established vaccine codes 90703-90708, 90718, 90727 and 90733 to delete references to "jet injections."