

Internal Medicine Coding Alert

Update Your Billing System with New 1999 Codes for Vaccinations and Immunizations

Internists who give a lot of flu shots or perform immunizations and vaccinations should take note that CPT 1999 has dramatically changed the method of reporting and coding the administration of these medications.

This year's edition includes 27 new vaccine/toxoid codes and significant changes to the definitions of the remaining codes. (The new and revised vaccine and toxoid codes are listed in the Medicine section in CPT, numbers 90476-90748.)

The addition of new codes and changes to the definitions of others are to allow physicians to more accurately code administration of new vaccines, combination vaccines, and existing vaccines that are now available in varying dosages and formulations.

There are a variety of new influenza vaccines and codes that will be of interest to most internists, notes **Glenn D. Littenberg, MD**, a practicing gastroenterologist and member of the AMAs CPT Editorial Panel. New codes for the hepatitis B, hepatitis A, and tetanus toxoids are also some of the new codes that internal medicine practices should note, he adds.

New Administration Codes Should be Reported with Code for Vaccine/Toxoid

Two new immunization administration codes 90471 (immunization administration [includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections and/or intranasal or oral administration] single or combination vaccine/toxoid); and 90472 (two or more single or combination vaccines/toxoids) should also now be reported in addition to the vaccine and toxoid code for the agent given.

According to CPT, each of the administration codes should be reported one time per patient encounter. The second code, 90472, should not be reported for each different vaccine product, if several are given at the same visit.

Note: Remember that a combination vaccine is considered one product. It is incorrect to report the administration of a combination vaccine by reporting each component separately. Also, the administration of a combination vaccine should be reported with 90471. 90472 should be used only when two or more products are administered.

If a patient is only in the office for the vaccine/toxoid administration, it is inappropriate for practices to also report an E/M code in addition to the administration and vaccine codes.

However, if a patient comes in for an unrelated problem, and receives the vaccine or toxoid while in the office, then an E/M office/outpatient code could be billed.

CPT 1999 states: If a significant, separately identifiable service is performed, then the appropriate E/M code can be billed in addition to the vaccine and toxoid administration codes.

For example, if a patient had a history of allergic reactions with vaccine or toxoid administration, and the physician kept the patient in the office for monitoring following the administration, then the practice could bill a low-level E/M (99211) as well, Littenberg notes. You might also have a patient coming in for a nurse blood pressure check and get a flu shot at the same time. You could also bill the 99211 then, but I would append the -25 modifier to ensure that the carrier recognized the separate service. I would also make sure to use a diagnosis code for hypertension linked to the 99211.

Billing Software Must be Updated

Because many of the vaccine code definitions themselves have been changed in CPT 1999, many practices, will have to change their billing programs, notes **Carol Ethridge, CPC**, coding specialist with Baptist Health Centers, Inc. in Birmingham, AL. For example, influenza vaccines have been broken down into whole virus, live virus, and split virus, she notes. We have explosion codes set up in our computer software, Ethridge notes. For example, we type in flu and the computer will automatically send the two codes, for the vaccine and administration, to the carrier.

Now, she is transitioning from the use of the old codes to the new ones.

Practices have until April to complete the switch from the use of 1998 CPT vaccine/toxoid codes to the new ones listed in the 1999 edition. After that, carriers will no longer accept the old codes, Littenberg states.

Medicare Coverage

Because immunizations are a preventive service, Medicare does not cover most of them, Ethridge notes. Medicare has, however, extended coverage of influenza and pneumococcal vaccinations until the year 2002.

Practices should bill the administration code and code for the vaccine given, unless a Medicare G code for an influenza or pneumococcal vaccine is used.

The available Medicare G codes for immunizations are:

G0008: Administration of influenza virus vaccine when no physician fee schedule service on the same day.

G0009: Administration of pneumococcal vaccine when no physician fee schedule service on the same day.

G0010: Administration of hepatitis B vaccine when no physician fee schedule service on the same day.

Referable ICD-9 codes accepted for these services are V04.8 for influenza, V032.82 for pneumococcal vaccine, and V05.3 for hepatitis B and hepatitis A, Littenberg notes.