

Internal Medicine Coding Alert

You Be the Coder: Administration of Two Vaccines

Question: How should I report the administration of both influenza and pneumococcal vaccines on the same day? Should I report the same codes for Medicare and private insurers?

Vermont Subscriber

Answer: When you report an influenza vaccine for an adult, use 90658 (Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use). And to bill for the adult dose of the pneumococcal vaccine, assign 90732 (Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use).

Remember that these two codes represent only the vaccine product; you need additional codes to get your internist paid for the administration. When reporting flu vaccine administration to Medicare, list G0008 (Administration of influenza virus vaccine when no physician fee schedule service on the same day). For the pneumonia vaccine shot, use G0009 (Administration of pneumococcal vaccine when no physician fee schedule service on the same day).

For private insurers, you should report 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections]; one vaccine [single or combination vaccine/toxoid]) in addition to add-on code +90472 (... each additional vaccine [single or combination vaccine/toxoid] [list separately in addition to code for primary procedure]). Using both of these codes lets the insurer know that your internist performed two vaccine shots. And don't worry about attaching modifier -51 (Multiple procedures) to 90472.