

## Part B Insider (Multispecialty) Coding Alert

### Immunization Coding Primer: Torn Between V06.6 And V04.81 for Vaccine Diagnoses? We've Got You Covered

**Iron out your immunization coding regs to keep collecting your due.**

It's that time of year again--patients are presenting to your practice for winter vaccines--but this time, the rules may have changed. Thanks to the addition of several vaccination codes in 2011, as well as conflicting advice on which diagnoses to use, you might not be ready for flu season from a coding perspective. Check out the following quick tips to make sure your coding is on the straight and narrow.

#### **Nail Down 1 Dx Code for 2 Immunizations**

**Scenario:** Your physician treats a Medicare patient and administers both a flu shot and a pneumonia shot. In the past, you've linked these vaccinations to V03.82 (Need for prophylactic vaccination and inoculation against streptococcus pneumoniae [pneumococcus]) and V04.81 (Need for prophylactic vaccination and inoculation against influenza). Is that still accurate?

**Solution:** No. You can forego reporting two separate diagnosis codes--"instead, you'll look to V06.6 (Need for prophylactic vaccination and inoculation against streptococcus pneumoniae and influenza), which can be your one-stop solution to these dual inoculations.

**In black and white:** According to MLN Matters article MM5037, "Report diagnosis code V06.6 on claims that contain Influenza Virus and/or PPV vaccines and their administration when the purpose of the visit was to receive both vaccines. Continue reporting diagnosis code V03.82 on claims that contain only PPV vaccine and its administration. Continue reporting diagnosis code V04.81 on claims that contain only Influenza Virus vaccine and its administration."

**Keep in mind:** Although you'll use the same diagnosis code to cover both immunizations, you can report the administration and vaccine codes to Medicare separately, CMS notes in its "Quick Reference Information: Medicare Immunization Billing" fact sheet.

"Separate administration codes for the seasonal influenza virus (G0008) and pneumococcal (G0009) vaccines should be reported," the agency notes. "Medicare will pay both administration fees if a beneficiary receives both the seasonal influenza virus and the pneumococcal vaccines on the same day."

Therefore, a sample claim might look like this, and all procedures will be linked to V06.6:

- G0008 -- Administration of influenza virus vaccine
- 90656 -- Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
- G0009 -- Administration of pneumococcal vaccine
- 90732-- Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

#### **Scrap 90658 for Medicare Patients**

**Scenario:** You administer a flu vaccine with preservatives to a 77-year-old patient and you report 90658 (Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use) to your MAC, but the claim comes back with a denial. What did you do wrong?

Reality: Although this would have been correct coding a year ago, you can no longer collect for 90658, thanks to CMS's announcement that it was no longer a payable code in MLN Matters article MM7234, which went into effect on Jan. 1.

Instead, you'll have to bill based on the specific brand-name flu vaccine that the physician administers using the following new HCPCS codes that CMS has created:

- Q2035 -- Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use; Afluria
- Q2036 -- Flulaval
- Q2037 -- Fluvirin
- Q2038 -- Fluzone
- Q2039 -- Not otherwise specified

Extra: A new high dose influenza vaccine was made available during 2010/2011 season: 90662 (Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use). Use this code when billing for Fluzone High-Dose, a new flu vaccine, approved in December 2009 for use in people ages 65 and older.

You'll report G0008 and V04.81 with these flu shot codes if the physician only administers the flu shot (and not also a pneumonia shot) during the visit.

### **Avoid H1N1 Codes**

**Scenario:** In straightening out your vaccine codes in preparation for this year's flu season, you come across 90470 (H1N1 immunization administration [intramuscular, intranasal] including counseling when performed). Should you arm yourself with this code for the 2011 flu season?

Solution: That's not necessary. Although H1N1 is now a component of the seasonal vaccines, this does not require separate coding of the H1N1 component, according to the article "Organize To Immunize -- Flu Season Is Coming" on the American Academy of Family Physicians' Web site. The World Health Organization has declared the H1N1 pandemic over and you should report only the seasonal flu vaccine code and the associated administration code for the upcoming flu vaccines.

You shouldn't report the now-deleted codes developed in 2009 for H1N1 only (90470 and 90663, Influenza virus vaccine, pandemic formulation, H1N1), or the new codes for reporting pandemic influenza vaccines (90664-90668).